Working on activation : analyses of stories about vocational rehabilitation of people with disabilities in the Netherlands

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CHAPTER 1
Introduction
Activation in practice

Hadita is a woman in her mid-forties living in the Netherlands. She received a work disability benefit for about three years because of depression in combination with undefined physical complaints. Due to changes in the Dutch social security system, Hadita underwent a reassessment of her health situation and work abilities. Based on the new policy criteria, she is expected to return to work for 32 hours a week: the same number of hours she worked before she was considered disabled for work.
In order to strengthen her chances in the labour market, Hadita is offered a vocational rehabilitation programme. Two times a week Hadita visits the vocational rehabilitation agency from nine in the morning until three in the afternoon. As a client of this agency, Hadita attends a group training that focusses on former work experiences, searching for vacancies, and writing CVs and application letters. After twelve months of weekly trainings and writing letters, Hadita still had not returned to work. Hadita articulates that work resumption seems further away than ever before: 'When I look back at the last year, I am doing worse. I am disappointed in the vocational rehabilitation programme. All that energy I put in it! None of my expectations came true, nor the promises the vocational rehabilitation agency made . . .'.

Both Hadita and her vocational rehabilitation coach put a lot of effort in realising work resumption. Despite all this hard work, Hadita's vocational rehabilitation path did not turn out to be successful. Hadita's case does not stand alone. Her story shows the efforts made by vocational rehabilitation professionals and clients[1] to make return-to-work possible as well as the difficulties faced in order to achieve this. The story of Hadita is, in a sense, illustrative for the challenges the Dutch welfare state is confronted with. Since the 1990s, the focus in Dutch social security policies has been on 'encouraging participation in the work force'. Labour participation is assumed to lead to a reduction of social exclusion and a strengthening of the income position of those on benefits (OECD, 2007a). In practice, however, encouraging participation appears to be far more complex than policy intentions suggest. Much time and money are spent on vocational rehabilitation, but success rates are dissapointing (Jehoel-Gijsbers et al., 2007; Bramsen et al., 2011; RWI, 2011). Furthermore, questions arise as to how the aim of inclusion relates to the aim of participation, since policy and practice show a one-sided focus on labour participation (Van Houten & Bellemakers, 2002). Therefore, for the lack of efficacy as well as for the one-sided ideological focus, vocational rehabilitation practices are under discussion.

The policy shift towards labour market activation and the criticisms on vocational rehabilitation are not unique for the Netherlands. The activation of citizens is the main focus of social policies in other welfare states as well. Worldwide, vocational rehabilitation services are set up to realise this ambition. Generally, the results fall short of the expectations. Since especially the most vulnerable people seem not to profit from acti-

[1] In the Netherlands, the term 'client' is mostly used to describe individuals who take part in vocational rehabilitation programmes.

vating policies, normative critique is loud in other countries as well. At the same time, insights into vocational rehabilitation practices are limited, both internationally as well as in the Netherlands.

With this book, I aim to increase the insight into vocational rehabilitation practices and their concrete consequences. I do this by investigating vocational rehabilitation arrangements for people with disabilities in the Netherlands. I use experiences such as those of Hadita to investigate how activation policies are translated into professional vocational rehabilitation practices and to what extent these practices are indeed supportive to help people to achieve labour participation. Before diving into vocational rehabilitation practices, I position my research in this introduction. After describing the Dutch case of vocational rehabilitation, I explain why and how I studied vocational rehabilitation practices. I end this introductory chapter with an outline of the empirical analyses that form the heart of this book.

1.1 Activation at work in welfare states

It is expected from Hadita that she takes part in society by means of paid labour. This encouragement of citizens to participate in the labour market is part of the rise of policies directed towards activating citizens in Western European welfare states (Borghi & van Berkel, 2007; Newman & Tonkens, 2011; Bambra & Smith, 2010). Citizens are supposed to become less dependent on the welfare state and public services by being able to support themselves, providing (informal) care for others, and living a healthy lifestyle. Welfare states, established after the second world war, used to focus mainly on compensation for the incomes of people who, e.g. due to illness or disability, could not be self-supporting and on creating (professional) services for aid and support for people in need. From the 1980s onwards, this protective approach was criticised because it was said to make citizens passive and dependent, to separate them from society and to cost too much money. Activating policies were seen as an answer to this criticism, since it was expected to lead to active contribution of citizens, inclusion in society, and on top it would save governments' money. Although the form and execution of activation policies and programmes may differ between countries, the driving principles of activation are similar. In many European countries, market mechanisms and economic incentives are introduced in the provision of activation services and citizens are encouraged to take more responsibility for their welfare (Bonvin, 2008; Newman & Tonkens, 2011; Michailakis & Schirmer, 2010; McDonald & Marston, 2005).

Vocational rehabilitation and labour market activation, which are the topics this book focusses on, are part of the aforementioned activation paradigm. Activation, in general, and encouraging labour participation of people with disabilities, in particular, are part of the international trend of labour-market activation policies. Activation strategies 'stimulate benefit recipients to engage in active job search and improve their

employability, in exchange for receiving efficient employment services and benefit payment' (OECD, 2007b). Financial incentives are built in social security arrangements to stimulate activation. This implies that citizens and the state have to develop new expectations of each other and new stakeholders are also beginning to play a role in activation. It is expected from vocational rehabilitation agencies that they compete in order to reach efficient ways to foster labour participation. Through legislation and financial incentives, employers are also made responsible for activation (OECD, 2007b; Clayton et al., 2011).

1.2 Vocational rehabilitation in the Netherlands

As activation cannot be separated from the conditions one has to participate in, I briefly outline the Dutch social security system. In the Dutch system, no distinction is made between work-related disability and disability due to other causes. All employees[2] are protected against the financial risk of disability on the basis of the so-called 'risque social' (Muysken & Rutten, 2002). This specific national context makes it difficult to find a suitable international term to translate the Dutch status of 'arbeidsongeschikt': that literally can be translated as 'unfit for work' and can be understood as 'not able to earn an income in the regular labour market'. Since social security arrangements differ among welfare states, the same word may evoke various connotations depending on the national context of readers. I, therefore, decided to use the term 'people with disabilities'[3] to refer to people that are part of Dutch social security arrangements because they are not able to perform paid work due to health related complaints.

Until the 1980s, the Dutch social security system was characterised by a concentration on income compensation and an almost complete lack of an active labour market policy (van der Veen & Trommel, 1999). This resulted in an occupational disability insurance that was accessible for a large number of people. When the costs rose so high that the financial stability of this arrangement was considered to be at risk, a paradigm change took place within the Dutch social security system: 'from rights and duties to incentives and disincentives' (van der Veen & Trommel, 1999). Various policy instruments such as vocational rehabilitation programmes and financial incentives for employers were introduced to stimulate labour market activation.

In line with this paradigm shift, in 2004 a new disability act was constituted: the 'act on Work and Income According to work capacity' (WIA[4]), which can be considered

[2] Entitlement to a work disability allowance is connected to one's status as an employee. People who are not able to work due to disabilities without ever being employed are entitled to another allowance.

[3] In chapter 2, I used the term 'work disability'. Through reflection on this term and discussing it with (inter)national colleagues I learnt that this term is not widely used. Since no other specific term was found to be appropriate, I decided to use the term 'people with disabilities' in the rest of the book.

[4] WIA refers to: wet Werk en Inkomen naar Arbeidsvermogen.

to be a major change in the Dutch social security system that deals with disabilities. The WIA explicitly values paid work above income compensation. Its primary aim is to promote the return to work of employees with (temporary) health-related work restrictions. Moreover, it continues protecting the incomes of (former) employees who are restricted in the work they can do due to illness or incapacity based on the 'risque social' (OECD, 2007a). Because of the new disability act, most[5] people who were entitled to the former disability act (WAO[6]) that focussed on insurance against incapacity to work were obliged to get a reassessment of their work capacity according to the new, and tighter, standards. A large part, namely 36%, of the reassessed people were now declared less disabled for work or declared fully able to work (UWV, 2009). This implied that people who had not been active in the labour market because of their disability status and related pension or who were partially active had to return to work or to extend their working hours.

In the Netherlands, 'work incapacity percentages' are based on loss of earning capacity. This is different from other countries where working incapacity is determined by loss of health. This means that in the Dutch system a person's work incapacity percentage is calculated by comparing one's former earning capacity with one's current earning capacity. This complex method entails calculating the difference in salary that a person earned before (s)he was considered work disabled compared to what (s)he would *theoretically* be able to earn currently. Theoretically, in the sense that it is based on the mean salary of three jobs (selected from a database of the Dutch Social Insurance Institute (UWV[7])) that the person *is expected to be able to perform* according to the assessment done by an insurance physician, whether or not clients actually succeed to be applied in such a job.

Not all work disability percentages are compensated by allowances. People who are considered less than 35% disabled for work receive no benefit according to the WIA. A disability percentage between 35 to 80% is partly compensated. People with an incapacity percentage of 80 to 100% are considered fully disabled for work and receive a full allowance. It is important to realise that work disability percentages and connected rights for benefits are legal constructions. These legal categories do not reflect to what extent people consider themselves disabled for work. The legal character of these categories is illustrated by the reassessments of work capacity due to changes in legislation (from WAO to WIA): people were considered less disabled for work not because their health situation improved, but because the law was changed and the criteria were tightened.

In order to support people with disabilities towards labour participation, vocational rehabilitation programmes were established. Since 2000, vocational rehabilitation programmes are executed by private agencies and financed by the Dutch Social Insurance

[5] People who were 45 years or younger at the moment the WIA has come into force.
[6] WAO refers to: Wet op Arbeidsongeschiktheidsverzekering.
[7] UWV refers to: Uivoeringsinstituut Werknemers Verzekeringen.

Institute. The duty of vocational rehabilitation agencies is to support people to enter sustainable (at least six months) employment in the quickest way possible. Usually, after a client is assigned to an agency, the agency receives a part of the estimated trajectory costs, and it is only after the client has found (sustainable) paid work that the agency receives the rest of the budget. This financial structure contributes to vocational rehabilitation programmes in which only one of the two goals of the activation policy—namely participation by sustainable paid work—is the guiding principle, and the social inclusion aim is considered less important.

In the Netherlands, a variety of vocational rehabilitation agencies are dedicated to guiding individuals in acquiring employment. There are large, nationally operating vocational rehabilitation agencies with several branches, regional agencies, and individual freelancers. Agencies have developed different ways of guiding their clients in acquiring employment. At some agencies, clients are present 40 hours a week to practice different skills. Most agencies, however, focus on weekly group training sessions, especially concerning the job application procedure, or focus on individual dialogues (Van Hal et al., 2009; Sol et al., 2011).

Although vocational rehabilitation agencies differ in character, their working methods are based on four major assumptions that are promoted in international handbooks and articulated in activation policies. As we will explain in more depth in the following chapters, it is assumed that vocational rehabilitation is a matter of *skills* training. Secondly, as handbooks emphasise, vocational rehabilitation should be oriented towards fostering clients' *empowerment*. Thirdly, it is assumed that *motivation* is a key for success. Finally, in line with the activation discourse, the focus should be on developing *abilities*. Although the Dutch act on 'Work and Income According to work capacity' differs from activation policies in other European countries, the underlying principles of Dutch vocational rehabilitation programmes are very similar to other countries.

1.3 **Discussions about vocational rehabilitation**

Current labour market activation policies and corresponding arrangements are discussed on normative grounds as well as for reasons of efficacy. In normative debates, the assumptions of activation are questioned. As Bonvin (2008, p. 367) observed: 'most activation policies are based on a simplistic conception of responsibility: behaving responsibly coincides with quickly reintegrating the labour market'. In his analysis, Bonvin problematises the focus on a quick reintegration into the labour market and concludes that the issue of responsibility is far more complex. Peck and Theodore (2000) also present a critique of the 'employability-based' approaches to supply-side intervention in the labour market in the UK. They state that in those approaches 'the causes of unemployment are conceived in individualistic and behavioural terms: the old problems of demand deficiency and job shortage have been dismissed; policies must now focus on

the motivations and expectations of […] the 'workless class'' (p. 729). Generally it is argued that activation support is excessively focussed on behavioural changes, aiming at 'forcing' clients to return to work. Normative debates point to the risk that social and structural issues may get overlooked and that activation support may turn into 'blaming the victim' since citizens are made responsible for the situation they are in (Betzelt & Bothfeld, 2011; Holmqvist, 2009). Normative debates contribute to (societal) awareness of implicit assumptions of activation policies. Although those debates refer to possible consequences of activation policies, insight into concrete implications of policy assumptions is lacking.

Effectiveness studies, aiming at improving vocational rehabilitation outcomes, mainly investigate factors that influence work resumption. This kind of research shows, for example, that the success of vocational rehabilitation programmes is related to the clients' age, deprivation category and health condition (Demou, Gibson & Macdonald, 2012). From a workers' perspective, personal, clinical, occupational and health services factors play a crucial role in returning to work (Dionne et al., 2013). Although significant factors are known, we do not fully understand how they influence vocational rehabilitation success. The normative critique also does not provide insight into how vocational rehabilitation works. Thus, despite the aforementioned criticisms, vocational rehabilitation as such remains a black box.

The lack of insight into how activation works in practice can be considered problematic. Sociologist van der Veen and colleagues (2012) point out that new arrangements lead to new risks and dilemmas and have unintended consequences that are often not noticed. They argue for more attention paid to the implementation of activation arrangements in order to prevent perverse effects. The implications of the policy assumption to manage life independently for people in vulnerable positions are an example of this (Van der Veen, 2011). In order to understand activation better and to formulate clues for solving unintended consequences of activation, we need to learn from studies of *activation-in-practice*.

1.4 Understanding vocational rehabilitation: studying practices

In studying *practices* of activation I am inspired by Science and Technology Studies (STS). This disciplinary field investigates the interactions between science, technology, and society, or, in other words, the dynamics of science and values. One strand more specifically focusses on how scientific and professional methods, techniques, and standards shape social practices and how the translation of science-based techniques into everyday professional practices takes place (see for example Bowker and Star, 1999). STS studies, for instance, how evidence based medical guidelines for diagnosing and treating diseases are translated in everyday clinical practices (Timmermans & Berg, 2003). These kinds of analyses are very helpful to stimulate reflection on the normative

dimensions of professional practices. Research in the field of STS demonstrates that it is fruitful to study professional work by focussing not on concepts and ideals, but rather on the capricious practices in which those concepts are applied and made tangible (Struhkamp, 2004; Mol et al., 2010). Attention paid to 'practice' is valuable since practices are not direct reflections of theories or policies, but have their own dynamics and logics, which determine what problems should be addressed by professionals and how (Mol, 2008).

STS research on professional practices shows that professional practices have a normative dimension. Professional work methods and techniques are not neutral, but rather embody certain norms and values. The logic of professional methodologies and instruments contains, often implicit, expectations of clients that have concrete consequences for the way in which clients are approached and for the relationship between the professional and client (Meershoek et al., 2011). These consequences will remain invisible when professional methods and techniques are studied outside everyday practice. In a similar way, methodologies and techniques of vocational rehabilitation professionals are bound to expectations about how vocational rehabilitation processes should occur.

In order to investigate how vocational rehabilitation is done in practice, I have focussed on four major assumptions of vocational rehabilitation: training of skills, fostering empowerment, checking the motivation of clients, and determining abilities. For each assumption I analysed how 'it works in practice': what methodologies and techniques do professionals use to realise these ambitions, what expectations about rehabilitating people with disabilities are embedded in those methodologies and techniques, and what does that mean for participation and in- and exclusion? To provide insight into these questions I studied stories—to a certain extent life stories—that clients and professionals told about daily experiences with disability, vocational rehabilitation, and (labour) participation.

With my focus on stories, I join a large body of narrative research in which different approaches conceptualise 'narrative' quite differently. In this book, I build upon two vital aspects of narrative research. Firstly, I approach narratives as a powerful way to constitute an *identity*. Through stories, people give meaning to their lives, develop a biography and position themselves in the world. In other words, by making and telling stories about life experiences, people construct an identity (Charmaz, 1993; Riesmann, 2002). Sociologist Giddens refers to this as 'the reflexive project of the self': 'A person's identity is not to be found in behaviour, nor — important though this is — in the reactions of others, but in the capacity to keep a particular narrative going. The individual's biography, if she is to maintain regular interaction with others in the day-to-day world, cannot be wholly fictive. It must continually integrate events which occur in the external world, and sort them into the ongoing 'story' about the self.' (Giddens, 1991, p. 54). Secondly, I understood narratives as *social creations* that reflect norms of the society people live in. As Smith and Sparkes phrase it: 'People are born into a culture that has a

ready stock of narratives from which they draw upon, appropriate, adapt, apply and perform in their everyday social interaction.' (2008, p. 18). Stories, therefore, not only give insight into how storytellers interpret and experience the world, but also tell a lot about the society in which a story is made and told. In this research project I used stories to get insight into normative expectations that are embedded in vocational rehabilitation practices.

1.5 **Understanding stories**

From April 2007 to September 2008 I interviewed 45 clients up to three times about their lives and the vocational rehabilitation programmes they participated in. In order to collect a broad range of stories, a varied group of clients was selected. Fourteen men and thirty-one women were interviewed. The age at first interview varied from 24 to 47 years. Most respondents considered themselves chronically ill. The major reasons for having received a work disability benefit were mental illness and musculoskeletal problems. Some respondents performed paid labour, and others were unemployed during the interviews. All respondents had started with a vocational rehabilitation programme in 2006 or 2007.

Being entitled to the former ('protective') disability act WAO, all participants underwent a reassessment of their work capacity according to the criteria of the new ('activating') act WIA. For the majority of the people I interviewed this reassessment led to lower disability percentages. A significant part was, in juridical terms, not regarded disabled for work anymore. However, in this book I still refer to all participants as 'people with disabilities'. Although legally they are considered able to work, they do not all feel ready for work yet. All mention that they have disabilities to deal with.

The interviews took place at respondents' homes. This created a safe atmosphere, detached from the institutional load of disability reassessments and vocational rehabilitation trainings. I spoke to most of the clients up to three times, with intervals of six months. It was valuable to have more than one interview. It created opportunities for establishing relationships with respondents and to follow developments in their life stories. During all the interviews, the respondents had room to decide what they considered important to tell about regarding their lives. This resulted in a diversity of stories that varied in content and form.

Attempting to understand what vocational rehabilitation means in the daily lives of people with disabilities, in the first interview I invited respondents to talk about their lives by asking: 'How did you grow up?' I purposively started to ask about the past in order to gain more insight into the life course of the respondents and their ways of speaking about it. This contextual information is important to interpret experiences with vocational rehabilitation. Experiences are not isolated events, but gain meaning within stories.

The clients did not participate in vocational rehabilitation on their own. All had contact with vocational rehabilitation professionals that supported them in returning-to-work. During the research project, two other colleagues and I spoke with fourteen vocational rehabilitation professionals about how they experienced their work. Stories about professional practices teach us about how vocational rehabilitation is performed. Professionals were invited to explain how clients get placed at their vocational rehabilitation agency, how the intake procedure develops, what is expected from clients during vocational rehabilitation and how it is decided as to what kind of support clients need. Analyses of the stories of professionals are integrated in this book.

Analyses of the collected stories are related to the four major assumptions of vocational rehabilitation that I introduced before. How the analyses were carried out is described in the empirical chapters of this book.

1.6 **Storyline of this book**

This book started with the question of how vocational rehabilitation of people with disabilities in the Netherlands works. Starting from the broad question of 'how does vocational rehabilitation work?', I came to focus on four assumptions embedded in vocational rehabilitation methodologies and techniques, namely: training of skills, fostering empowerment, checking motivation and determining abilities. The following four empirical chapters, written as journal articles, describe how these expectations gain shape in and constitute practices and they discuss its unintended consequences.

Chapter two originates from the observation that vocational rehabilitation programmes focus mainly on the achievement of work-related skills. Based on the analysis of stories that clients tell about their personal lives in relation to vocational rehabilitation, I argue that this instrumental focus ignores the vital question of what it means to return-to-work. In this chapter, I understand vocational rehabilitation as a form of identity work and explore how clients relate themselves to their idea of self, their body and the society they are expected to participate in. What tools can this interpretative approach give in order to offer more inclusive vocational rehabilitation support?

Vocational rehabilitation strives to empower people in order to return-to-work. In this specific context, empowerment is understood as the notion that people should make an active, autonomous choice to find their way back to the labour process. In **chapter three** I describe the practical consequences of understanding empowerment in such a way. To what extent does this approach support people's return-to-work process? And what might be other starting points to foster empowerment?

A motivated client is considered a vital condition for successful work resumption. Motivation is often understood in a psychological way. In **chapter four** I start from a different perspective and approach motivation as judgment that arises in the interaction between professional and client. This chapter explores what this view on motiva-

tion contributes to our understanding of how vocational rehabilitation arrangements are organised.

Already present in the former three empirical chapters is the assumption that both clients and professionals should focus on 'abilities' in order to make return-to-work possible. This explicit attention to abilities is relatively new, since social security arrangements used to focus on compensating *disabilities*. In **chapter five** I explore what the paradigm shift towards activation means in practice for clients and professionals. To what extent did the shift from 'disability' to 'ability' lead to new vocational rehabilitation practices that facilitate return-to-work for people with disabilities? I do this by mobilising the concept of the sick role as developed by the medical sociologist Parsons.

In the concluding chapter, **chapter six**, I return to the question of how vocational rehabilitation works for people who are (partly) disabled. I sum up what this story-based analysis of practices may contribute to understanding activation. Subsequently, I elaborate the concrete paradoxes that vocational rehabilitation arrangements are confronted with and offer some suggestions for reducing its unintended consequences and for improving its practices.

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CHAPTER 2

Going beyond vocational rehabilitation as a training of skills:

Return-to-work as an identity issue

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2.1 Introduction

Labour participation is high on the agendas of western welfare states, deriving from the idea that labour participation contributes to the well-being of both individuals and society (RWI, 2008; OECD, 2003). In the Netherlands, this policy shift towards participation meant that work disability benefits were tightened for many people as a stimulus to their returning to work. In the Dutch context, work disability[8] refers to a person's inability to perform a (former) job or work a certain number of hours because of health reasons. This emphasis on active participation in labour, as is now applied to people with a work disability, is part of the broader ideal of 'activation policy'. Activation policy can be defined as 'social policies and programmes aimed at promoting the more or less obligatory participation of people dependent on unemployment benefits or social assistance in work' (Van Berkel & Borghi, 2008, p. 332). The emphasis on the importance of labour participation, as Thomas (2007, 81) explains, 'gave rise to social relationships between 'the normal' and 'the impaired' that systematically disadvantaged and disempowered the latter'. Although the focus on labour participation is often criticised because of its exclusive consequences (for example, Van Houten & Bellemakers, 2002), it is largely based on the idea of social inclusion.

In this specific political context, returning to work is supported by vocational rehabilitation programmes, which have increased substantially in number over the last 10 years for people with work disabilities. However, the rate of success in terms of return-to-work is generally low (Jehoel-Gijsbers, 2007). One reason may be that vocational rehabilitation programmes do not fit the clients' needs. More insight into client perspectives seems valuable. Our study was aimed at achieving a better understanding of the clients' processes by analysing the 'identity work' Dutch people with a work disability perform during their vocational rehabilitation programme. This article is intended to contribute to the notion of professional support that is more sensitive to clients' situations and processes, both in practice as well as policy.

2.2 Work disability and vocational rehabilitation in the Netherlands

Up until the 1980s, the Dutch social security system concentrated on income compensation and almost completely excluded any active labour market policy (Van der Veen & Trommel, 1999) and this contributed to a low threshold for occupational disability in-

[8] The Netherlands maintains social insurance compensation for people with a work disability. To be eligible for compensation, the cause of the work disability is not necessarily work related (the focus is on finality instead of causality). The level of the disability benefit is based upon the person's earning capacity and is not directly related to the specific disability. This means that if a person's earning capacity has been (re)assessed, that person could be registered as less work-disabled although his or her state of health has not necessarily improved.

surance. In 2004, however, rising costs led the Dutch government to introduce a new disability act - WIA[9] - that valued paid work above income compensation in line with the transformation taking place in other western states. The primary aim of the WIA is to promote the return-to-work of employees with (temporary) health-related work restrictions. People with disabilities are expected to make the most of their capacities in order to generate (a part of) their own income. The majority of people previously entitled to the former disability act – WAO[10] - had their work disability reassessed according to the new and tighter standards. A substantial group of reassessed people (36%) was declared either less work-disabled or fully able to work (UWV, 2009). In the latter case, this signified that they had to return to work or extend their working hours after, usually, a very long time on disability pension.

This 'employability-based' approach is criticised because 'the causes of unemployment are conceived in individualistic and behavioural terms: the old problems of demand deficiency and job shortage have been dismissed; policies must now focus on the motivations and expectations of […] the 'workless class' (Peck & Theodore, 2000, p. 729). Peck and Theodore express the concern that activation support is overly focussed on behavioural changes, aiming at 'forcing' the client to return to work. Social and structural issues may get overlooked and support may turn into 'blaming the victim'.

2.3 **Vocational rehabilitation requires identity work**

Vocational rehabilitation programmes are based on the idea that people should participate in society preferably by means of paid labour. The support given to people with a work disability on the way to labour participation emphasises the changes they must bring about in order to find a paid job. Hence, the programmes are mostly organised around the achievement of work-related skills (Audhoe et al., 2010). We argue that gaining the participation of people with a work disability touches on something deeper than mere occupational or social skills. Primarily, labour participation implies the establishment of a new relationship to the society that a person is expected to participate in. People are supposed to think of themselves as being able to work, to structure their lives around this self-image and to find a new place on the labour market. These processes—constructing an idea of self, shaping a way of living and occupying a place in society—challenge a person's *identity*. The substantial changes in a person's *identity* that new expectations of society can bring about resemble processes people go through when confronted with disability or chronic illness. In both cases, life-situations have changed to such an extent that life cannot be lived as it had been before (Char-

[9] WIA refers to: wet Werk en Inkomen naar Arbeidsvermogen and literally means: act on Work and Income According to work capacity.

[10] WAO refers to: Wet op Arbeidsongschiktheidsverzekering and literally means: act on Insurance Against Incapacity to Work.

maz, 1993; Corbin & Strauss, 1988). This identity issue seems to get little attention in current vocational rehabilitation programmes.

In our analysis of processes that the demand for labour participation may bring about, we use the concept of 'identity work'. Identity can be understood as *being the same* as oneself as well as *being different* (Eriksen, 1993). To maintain an idea of selfness, a person's self-image needs to retain recognisable traits (self as object) as well as adapt to changing life-circumstances (self as process) (Charmaz, 1999, p. 366–367). In line with this reasoning, we see identities as constructed and negotiated in relation to the world people live in. This is an active and continuous process: there is never a finished self (Charmaz 1999). In this article, identity work (used before by Baart, 2002; Corbin & Strauss, 1988; Parsons et al., 2008) refers to the dynamic and contextualised process of identity construction.

People position themselves in relation to the society they live in. Andersson (cited in Walseth, 2006, p. 76–77) states: 'Identity work characterises our everyday practices and reflections on belonging and non-belonging'. Important landmarks in positioning are the relation people have with their body, their idea of self and their relation to the society they live in (Baart, 2002; Finlay, 2003). Through the body a person is perceptible in this world. Therefore the body is the intersection at which inner thoughts and outer expectations come together. People's idea of self directs their positioning in the world, and simultaneously their idea of self is constituted by this positioning. By relating themselves to their close social surroundings, their idea of self incorporates societal norms and structures. To maintain an idea of selfness, people need to position themselves in the present in relation to the past and future. Charmaz (1993, 1999) investigated the connection between self and time in the case of chronic illness. She shows that illness affects the way the past, present and future are experienced. In the case of returning to work with a work disability, perspectives on the past, present and future might be challenged. The central question of this article is 'what identity work do people with a work disability do in vocational rehabilitation programmes?'

2.4 **Respondents, interviews and analysis**

The study of personal narratives or life-stories is frequently used to understand the way people construct their identity and position themselves in life. The making and telling of stories about our lives can be seen as the most basic way to gain understanding of our own experiences (Lindseth & Norberg, 2004). Smith and Sparkes (2008b) describe the potential contribution that analyses of life-stories may make to disability studies. Society and culture 'speak themselves' through an individual's story (Riesmann, 1993, cited in Smith & Sparkes, 2008b, p. 18). As Goodley and colleagues (2004, cited in Smith & Sparkes, 2008b, 18) put it: 'Narratives may be our best hope of capturing structures that continue to shape, divide and separate human beings'.

In this study, we use life stories to improve our understanding of the identity work of people with a work disability in vocational rehabilitation programmes. For a better understanding of the processes concerned and also to become aware of their full diversity, a wide variety of respondents is needed. We purposively selected (Wengraf, 2001) respondents, varying regarding gender, age, residential area, health complaints and work situation. Access to respondents was gained through the Dutch Social Insurance Institute. All respondents had been receiving a disability benefit for a continuous period of at least three years, had recently undergone disability reassessment and had entered a vocational rehabilitation programme. The respondents were informed by telephone about the reason and design of this study and were asked to collaborate. Written informed consent was acquired.

This article is based on the stories that all 45 respondents told about their lives and their vocational rehabilitation process. In order to collect an in-depth narrative, the interviewer (first author) spoke with most respondents two to three times. The interviews took place at respondents' homes and lasted between 40 minutes and two hours with an average of 90 minutes. Although the respondents were aware of the reason for the interviews, the interviewer did not explicitly refer to this during the interviews in order to create an open atmosphere. The first interview started with an invitation to narrate how the respondent had grown up. During the rest of the interviews the respondents could decide themselves what was important to narrate in relation to their life and their vocational rehabilitation. Additionally, the interviewer had associated themes in mind to address whether these were not mentioned by the respondent.

All interviews were recorded and transcribed verbatim in Dutch. Translated excerpts, edited for readability, are featured in this article. Life stories can be analysed in several ways. Different forms of narrative analysis commonly take the story itself as their object of inquiry (Smith & Sparkes, 2008b). In our analysis we used various types of narrative analysis (Baart, 2002; Frank, 1995; Robinson, 1990) as a 'heuristic framework': they inspired our analytical process and the way we made sense of the interview material. In the analysis of illness narratives, there is often a tripartite structure to stories. Frank (1995), for instance, distinguishes quest, restitution and chaos narratives; and Robinson (1990) stable, progressive and regressive narratives. These typologies roughly share the division between stories that fit the norms of today's society (such as Frank's restitution narrative and Robinson's progressive narrative), stories in conflict with those norms (e.g. chaos and regressive narratives) and stories that go beyond this dichotomy (e.g. quest and stable narratives).

To keep track of the storyline and eventual shifts in perspectives on body, self, and society and the construction of time, the interviews were read and analysed as a whole. We began our analysis by analysing how the respondents positioned themselves in their stories. More concretely, we looked at how people articulated their self-images in their stories. We focussed on the ways people spoke about important past and present life events and their view of the future. This positioning process of constructing and

negotiating an own identity is the referred to identity work. The second phase of our analysis explored the way in which the processes of identity work took shape: what are the characteristics of the processes; to what extent do they differ from each other? By focussing on the dimensions of body, self and society, and past, present and future, we came to describe patterns that led to the formulation of three narratives of identity work. All stories were analysed according to the aforementioned method. For this article we purposively selected excerpts from the stories that most clearly illustrated the characteristic patterns of the three types of narratives.

2.5 **Findings**

Based on our analysis, we discuss three narratives of identity work by describing how narrators talk about their self, body and society, and how they relate themselves to their past, present and future. We distinguished separative, integrative, and pending processes of identity work.

2.5.1 **Separative processes of identity work**

In his youth, Paul[11] was diagnosed with epilepsy. Ten years ago, when he was 29, he ran into a truck. Because of the accident he sustained an arm injury for which he has been receiving disability benefit. In his story, he compares the two experiences of epilepsy and the truck accident:

> *And yet, that stigma, about my whatchamacallit [epilepsy]…I felt the same way after my accident. Something is wrong with you and apparently you're not good enough. I mean, eh, I'm not sick. I get colds far less often than my girlfriend does. I mean, I'm rather strong. […] It's only the arm…but that seems to be considered a disease . . .*

Paul expresses *feeling labelled:* society considers him ill ('Something is wrong with you'), whereas he himself does not perceive his situation as an illness ('I'm not sick'). His body is considered disabled by society ('Apparently you're not good enough'), while Paul sees himself as able-bodied ('I'm rather strong'). In the way Paul positions his *body*, he makes a tension tangible between his self-image and the way he feels approached by society. He positions himself in his story as disconnected from society. We interpret this form of positioning as 'separative processes of identity work'.

Oft-heard statements in stories that show 'separative processes of identity work' include: 'They don't understand me' or 'No one cares about my situation'. The outside world is mostly referred to in impersonal terms, such as 'they'. Society is abstractly positioned as an inaccessible object outside an individual's life. This *inaccessibility* is

[11] For the sake of anonymity, real names are not used.

experienced variously. During the first interview, Mehmed—a Turkish immigrant who became work-disabled because of his asthma and diabetes—showed the interviewer a file containing over 100 job applications. In broken Dutch he explained that ever since he was declared more than 60% capable of work, two years ago, he has written one job application letter a week. Nonetheless, he has never been invited for a job interview. Mehmed experiences his situation as hopeless. *'It's all a show',* Mehmed replied when asked his opinion of the vocational rehabilitation support he was receiving. He does not feel genuinely supported by the programme and expresses distrust in everything related to vocational rehabilitation. Mehmed's case illustrates that positioning as an *outsider to society* has consequences for the relation to the requirements of that society. Mehmed feels he is not being taken seriously by society—his illness is overlooked—and he does not take the requirements of society seriously ('It's all a show'). With such positioning people show their *incompatibility* with what they consider to be society's expectations. Susan also expresses this tension:

> *If you look at how all the other mothers do it, working, taking care of their kids, and still looking good themselves. I get exhausted just seeing all of that. Then I think to myself: How can they cope with it all that? Why can't I cope?*

Susan describes herself as different from all the other mothers waiting at the school gate because she cannot combine working with taking care of herself and her child. Eventually, she stopped questioning her sense of failure at what she saw as her duty and simply stopped caring:

> *At school they're always saying things like: 'Hey, your windows are dirty!' 'Oh yes? Well, I don't care. I don't have the energy.' […] And finally, I said something, like: 'Okay, you're right' But I didn't do it. I really didn't do it. I just thought, 'Forget it!'*

Susan started ignoring the local norms for housekeeping and, in doing so, she isolated herself from her surroundings and positioned herself as disconnected from her social environment. Other stories show similar tendencies towards *social isolation*. Narrators say they do not fit the requirements of present-day society and 'go their own way'. For most, this signifies a life restricted to their own homes and small circle of social contacts.

The 'disconnected' position not only takes shape in relation to a person's own context—that is, body, self and society—but also in relation to the own perspective on *time,* as Anne's story illustrates. Seven years ago, Anne was diagnosed with post-traumatic dystrophy. During the interviews she explicitly described her illness as a temporary state:

You're just living another kind of life, since you need to cope with pain.[…] Maybe when I'm eighty, it will all be better. […] Yeah, I don't know, I still have some years to go. […] I just need some time for my health.

Anne says that in time her illness will fade away. In the picture she sketches, her present situation with post-traumatic dystrophy is set apart from her past and future. She is temporarily 'living another kind of life'. This positioning does not fit a future that integrates her illness. Anne rejects the idea of spending her future in a wheelchair:

I'm not in a wheelchair yet. Maybe next year…I don't know. But not yet, and it won't happen!

Anne's stories emphasise the connection between past and future, and thereby ignore her current life-situation. In common with other stories that show 'separative processes of identity work', her story has a present that is positioned as disconnected from both past and future. This 'disembedded present' may have various consequences. It can make life today more bearable, as Anne's stories show. However, it can also lead to despair. Mehmed told us that he has been seeing a psychologist for years:

I tell [her] all my problems. […] Just everything, I tell it all in one hour. When I talk it out…it makes me calmer. But that peace is only temporary, it's all goes wrong again later on. […] I get filled up…When I'm with the psychologist and talk, I drain myself, but then I get filled up again. That's the way it goes.

Mehmed articulates that he feels caught by his present. He 'drains' himself in therapy sessions but then gets filled up with problems again. Consequently, his story goes round in circles, with no breakthroughs. His 'disembedded present' cannot serve as a platform for creating new ways of coping with life.

In various ways, the tellers of separative narratives disconnect themselves from the world they live in. They feel excluded, position themselves as outsiders and state that they do not want or cannot fulfil the perceived expectations of society. From this position they oppose vocational rehabilitation. They feel the programme does not take them seriously. The disembedded present they live in does not form a base for creating new roles for work. The sense of connectedness that seems vital to returning to work appears broken in them.

2.5.2 **Integrative processes of identity work**

In contrast to 'separative processes of identity work', other processes of identity work build upon *integrating* different aspects of life. This contextualisation is illustrated by Liza, a woman in her mid-thirties who lives with her husband and two young children.

Liza was 19 when her fibromyalgia was diagnosed. During our interviews she never spoke about the illness in itself, but always in relation to her life-circumstances:

> *Till then [when she became a mother], I always thought, 'I'm the only one bothered by it [her illness].' I mean, when I'm in pain, it's me that's hurting but now my whole family suffers from it . . .*

Liza stresses that before she became a mother the meaning of her illness was limited to her own body: she localised the tiredness and pain caused by her illness in herself. When she started her family, the illness became part of her family life. Further on in her story she explains that her tiredness affects the way she treats her children. She says that this made her realise that she could no longer separate her illness from the rest of her life. Those 'integrative processes of identity work', like Liza's example, show a constitution of identity that is explicitly related to the social surroundings.

Liza's story shows that the way she perceives her body has changed in her life. With the *formulation of new perspectives,* the narrators relate themselves continuously to their body (or illness) and their social surroundings. They do so by positioning themselves as being part of the society they live in. Unlike what happens in 'separative narratives', narrators relate themselves continuously to aspects of society, such as their family or workplace. Society is not a 'huge, inaccessible thing' that takes place outside their lives: it is part of their lives.

The new perspectives expressed here support a sense of continuity by linking stories of the past, present and future. Several narrators based their identity work on a self-image constituted during the period of work disability. When Thea narrated the story of her life before she was registered as work-disabled, she spoke about the hard time she had coping with relational problems, overtime work, and taking care of her children. Later she said that during her work-disability, she examined her self-image closely and learned a lot from that. She describes her experience as a *learning process*.

Through the formulation of new perspectives, a person constitutes an identity that integrates certain life-aspects and at the same time takes a new position towards a person's past. Erica expressed the choice to move away from attitudes she had held in her former life:

> *I will never fully recover. But I've reconciled myself since it doesn't matter anymore. I don't want to be like I was before. I do not want to be…rather unhealthy.*

Erica articulates a self-image that is in contrast to how she lived before. She 'uses' her past to position herself in the present. With this positioning she describes a learning process that forms the foundations for her present situation: based on the experiences of the past she has found a healthier way of living and reconciled herself with her current life.

Gerard's story illustrates a hope for the future that *reinterpretation of the past* may bring. Gerard was entitled a disability benefit because of his clinical depression. After reassessment, however, he was registered as not work-disabled. Currently he is working as a handyman. When asked whether he expected to be back on a disability benefit because of psychological problems, he answered:

> *I'm more self-confident now. […] I don't think I'll be back on welfare because of psychological problems. I think I found help for that. And if I ever have certain feelings, I can talk about them. […] I don't bottle things up anymore, it's just…When I used to bottle things up, I was like a walking time bomb. And now, it's just, I say what I think straight out.*

Gerard is looking back on life-patterns he has since left behind. This review is important; it shows his belief in his ability to manage his current life. 'Integrative processes of identity work' demonstrate that if past experiences are put in a new perspective, they can serve as stepping stones for the future.

In their stories, tellers of 'integrative narratives' create room to focus on vocational rehabilitation. Although it is not easy, they integrate the notification that they have to return to work in their story by formulating new perspectives on their self, body and society, and by linking their present with their view on the past and the future. They show an ability to adjust their story to their current life-situation that enables them to continue in a story that includes vocational rehabilitation.

2.5.3 **Pending processes of identity work**

Finally, a third process of identity work can be distinguished, in which a person's identity is *explicitly under construction*. In these 'pending processes of identity work', narrators are seeking new answers to questions of how to relate to their body, self and society and how to think about their past, present and future. Eva, a single mother on a disability benefit because of several health problems, articulates it as follows:

> *That's it, the searching. If you never had that basis, then you wouldn't know where to…I have just no idea where I…And still, even now, I'm discovering what I really enjoy. What I really like. I might want to do lots of things, but that's not what truly makes me happy. […] So I think that's actually a good motive for the future.*

In her *search for a new basis in life,* Eva has begun to see both herself and life from another point of view. Peter expresses this need for identity reconstruction in relation to his job loss. After he had worked in the same company for over 25 years, Peter was registered as work-disabled because of his back pain. Subsequently, he started a vocational rehabilitation programme, even though he was not obliged to do so because of his full disability. He articulated his urge to find out what kind of work suits him:

> *What I actually want, what I want from life, you know. You see, other people say, 'Well, I want to become this', you know? Well, so, you'd never hear me say that.*

For Peter, his work disability acted as a trigger to re-examine his life. No longer being able to do the work he had done for such a long time, he was torn by the question: 'What do I want in life?' Several narrators revealed that not until they were down and out did they start reconstructing their sense of self.

The vital question of 'how to live' forms the leitmotiv in most 'pending processes of identity work'. Narrators bring their self, body and relation to society up for discussion. Because they want to redesign their future and maintain a continuous sense of self, they seek a revision of past and present. Narrators say that telling their life-story can help them in the cautious process of formulating new perspectives. Renza, who was work-disabled because of psychological problems, says that telling her story stimulated her to reflect critically on her life:

> *The fact that someone asks [about your life], that you start thinking about it for yourself. […] What just happened is a good example: I started out like 'Well, things are going quite well.' But then, gradually: 'Well, actually, things are not going that well.' You know, you more or less force yourself to be real and honest again. So, that's the good thing about it. It's not always nice, but it is good. It makes you see yourself in a more genuine way.*

Additionally, Renza's case demonstrates that telling a life-story is not easy. In formulating their stories, narrators put across the difficulty of telling their life-story. They express the feeling that they cannot define who they are. Shortly after the last interview, Eva sent the interviewer a message which showed that in her narration her story had reached the limits of *tellability* (Smith & Sparkes, 2008a):

> *Nowadays, every time, it scares me intensely and gives me a big stomach ache [to tell my story]. It's good that it comes out, but it's not easy and for many people it might be impossible to deal with that pain.*

Eva's message shows that telling someone about her life frightens her. She has to deal with her pain to proceed ('It's good that is comes out'). It is a terrible process for her. It means she has to face up to problems and fears, even though she is still unsure of what the confrontation will yield. Interwoven with this process is her uncertainty about whether she is capable of going through all this. In the first interview Renza related her attempts to face her difficulties:

> *I think, what for me was just always the thread, was that I was raised with the idea: 'You cannot do anything. You don't amount to anything and nobody wants you.' And I'm still reaping the bitter fruits of that; it's the thread to my life, not good for your self-image or self-confidence. And it means you easily make wrong choices, often*

out of fear. Yes, but now I'm trying to turn that around… by trial and error. We'll see…

Renza names her difficulties. By 'trial and error', she is working to put life in a new perspective. Renza describes the process she is in:

At a certain moment [the development in] that area stops for a while. And then, well, I look after another area. And maybe that's the way it works for me. I have no idea. In any case, it's the way I do it, so to speak.

Renza shows that this learning process can be located in various life-domains. Most narrators express the view that, besides their work disability, they have to *come to terms with other life problems* as well. They describe a situation in which they are not only working on the question of how they relate to life, but also how to *deal* with life. Eva, for example, talks about her health complaints, the difficulties with the father of her children, her son's psychiatric problems and her lawsuit related to the reassessment of her work disability. Subsequently, various life-domains have to be addressed in the narrator's identity work. Most narrators, such as Renza, describe that they can handle only one life area at a time.

'Pending narratives' take shape in stories concerning both the past as well as present-day life. Since narrators are busy relating themselves differently to their past, reflections on previous times can constitute a large part of their stories. Furthermore, the narrators emphasise the current process, or struggle, in which they find themselves. Narrators mention future plans, mostly based on an extrapolation of their current learning process. Tellers of pending narratives use their changed relation towards work as a starting point for questioning their self-image. This process evokes uncertainty. Their whole life is under discussion. In their search for a new balance in life, returning to work is not their primary focus. Instead, their stories show a preoccupation with coming to terms with life-problems and formulating a new self-image.

2.6 **Discussion**

In the context of economic retrenchments and activation policies regarding people with a work disability, this paper goes beyond a focus on the effectiveness of vocational rehabilitation programmes. Instead, by focussing on the concept of identity work, we described three types of narratives that form an important part of processes of vocational rehabilitation; separative, integrative and pending narratives. The presented narratives do not totally coincide with the individual stories; they are—to larger or lesser degree—recognisable in all stories.

All three narratives show the dynamics and contextuality of positioning oneself in this world. However, they reflect different relations towards body, self and society and

past, present and future, and, consequently, to vocational rehabilitation. In *separative narratives*, participation in society is considered problematic, and this separation from society hampers participation processes: people do not consider themselves able to participate or do not feel recognised in their efforts to do so. They describe a 'disembedded present' that provides no clues for possibly different future. In *integrative narratives,* people continuously relate themselves to different domains of society by formulating new perspectives on life in reaction to changing life circumstances. This continuous process implies that ideas on how they want to participate are liable to change. In *pending narratives,* relations are unsettled towards body, self and society and past, present and future. Most people say that they are so absorbed by the process of relating differently to life that they cannot deal with the request for labour participation.

Our analysis relates strongly to Arthur Frank's (1995) 'chaos', 'restitution' and 'quest' typologies. The added value of our analysis may be that it does not take health as a starting point, but the narrators' relations to the society they live in and their perspectives on time. Our focus broadens the applicability of analysis in the professional field of welfare, leading to alternative starting points for a more inclusive approach on vocational rehabilitation.

We argue that attention for the client's process is a precondition for successful vocational rehabilitation support (Parsons et al., 2008; Ville, 2005; Power, 2000). More room should be given to the client's story in vocational rehabilitation programmes. In identity work processes, it is crucial that people's stories are both told and heard. Being heard may reinforce people's connection with the world in which they live: it is an *act of inclusion* (Frank, 1995; Smith & Sparkes, 2008a).

Telling a story takes time, time that should be provided by vocational rehabilitation programmes. What the presented narratives show is that the construction of identity is a comprehensive process. Therefore, to offer space for the formulation of the story, vocational rehabilitation programmes should not be overly goal oriented in the beginning. Moreover, narrators need an audience for their stories. The vocational rehabilitation professional could fulfil this active listener's role.

Room for 'integrative narratives' requires attention for the ongoing process of relating to life. This may include the stories of clients who are doubtful about the idea of participation by means of (full-time) paid work. Because of the poignant presence of suffering in 'separative' or 'pending narratives', these stories may be particularly hard to listen to (see also Frank, 1995; Smith & Sparkes, 2008a). In the case of 'separative narratives' a lack of tolerance in the listener may lead to further feelings of exclusion. If narrators of 'pending narratives' are not acknowledged and the goal of labour participation is 'enforced', it is doubtful whether their participation will be sustainable. Hence, in order to create starting points for participation, the practice of vocational rehabilitation should not overlook the client's identity work.

This analytical division between narratives might help the professional to be more sensitive to the story the client is telling. The presented typology can be used as a *lis-*

tening device (Frank, 1995, p. 76). Even so, using processes of identity work as a base for vocational rehabilitation support needs further exploration. For example, on the one hand 'pending' and 'separative' narratives may be regarded as preliminary stages of 'integrative' narratives. Starting from this point of view, clients should be encouraged to make an 'integrative' narrative of their life. On the other hand, the presented narratives can be seen as reflections of different approaches to life. This would imply that the client's identity work process should be taken as the point of departure and that expectations regarding labour participation should be adjusted to this. Those two perspectives have different consequences for the support offered.

Awareness of the various processes of identity work and their (in)compatibility with what it takes to become a 'good citizen' could make subtle processes of discrimination (termed disablism; Thomas, 2007) related to labour participation more visible. It may be questioned whether more inclusive vocational rehabilitation support will bring about more social inclusion and, if so, to what extent. Due to labour-market competition, vocational rehabilitation programmes cannot guarantee jobs, and if they do this job might not have enough status to escape the stigma of being a 'second-class citizen'. Taking 'the biography of the person involved, rather than welfare and care procedures' (van Houten & Bellemakers, 2002, 182) as a starting point, may open up an escape from the exclusive division between 'first-class' (i.e. healthy and employed) and 'second-class' citizens.

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CHAPTER 3

The 'empowered client' in vocational rehabilitation:

The excluding impact of inclusive strategies

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3.1 **Introduction**

In 'modern Western societies', people are increasingly expected to shape their lives by making individual choices (Giddens, 1991). The dominant notion of citizenship—i.e. belonging to society—has become associated with the ideal of a reflective (Giddens, 1991), independent and productive (Van Houten & Jacobs, 2005) citizen. Although many are attracted to this ideal of *empowerment*, little is known about how the discourse of empowerment relates to every-day-practice, whether it delivers its promises and which unintended effects it might stimulate[12]. Moreover, the meaning of the concept is often unclear (Tengland, 2008). To define the concept of empowerment, Tengland (2008) performed a conceptual analysis, leading to the conclusion that there are two plausible complementary uses: (1) empowerment as a goal (i.e. to have control over the determinants of one's quality of life) and (2) empowerment as a process or approach (i.e. 'to create a professional relation where the client takes control over the change process, determining both the goals of this process as well as the means). The last use is the most radical one and since it includes the client-professional relationship, it is a fruitful starting point for exploring how discourses of empowerment affect professional practice. In this paper we will explore the way 'empowerment' is used in practices of vocational rehabilitation.

In vocational rehabilitation, empowerment is understood as the notion that people should make an active, autonomous choice to find their way back to the labour process. The 'Handbook for Empowering Strategies in Social Services and Vocational Rehabilitation' puts it as follows:

> when people possess a certain inner leadership, they are capable of *self-reflection* and have the *capacity to make an informed, independent decision*. With this increased *autonomy, they are able to make their own choices, and these might lead to better* prospects for the rehabilitation process (De Koning, 2008, p. 12) [italics added].

The discourse of empowerment in the field of vocational rehabilitation is explicitly connected to expectations and goals. The pursuit of empowerment in vocational rehabilitation programmes expects clients to take part in the programme *autonomously,* to be actively engaged within vocational rehabilitation, to be *reflective* on their vocational rehabilitation process and to achieve a *goal* that combines labour participation with personal wellbeing. This process presumes *linearity:* a certain chronological order in which the vocational rehabilitation should develop. Following this line of reasoning, within vocational rehabilitation, empowerment becomes a specific activation strategy.
While empowerment is a frequently used 'activation strategy' in vocational rehabilitation, the basic principles of this activation approach have received criticism. Departing

[12] Lately, more attention is paid to the practical consequences of the empowerment discourse, see e.g. the study of de Souza (2011) on local perspectives on empowerment in the new public health paradigm.

from the field of disability studies, Oliver (1996) for instance criticises the assumption in recent social policy developments that professionals can empower their clients 'through the development of appropriate practices' (p. 147). He argues that 'the process of empowerment somehow becomes objectified as a thing; what's more a thing that can be delivered by those who have it to those who don't' (p. 147). Instead, he defines empowerment as 'a collective process on which the powerless embark as part of the struggle to resist the oppression of others, as part of their demands to be included, and/or to articulate their own views of the world' (p. 147). Although we share this theoretical criticism on the devaluation of 'empowerment' as an activation strategy, we want to go beyond theoretical criticism by paying attention to the practical consequences of understanding empowerment as an activation strategy. To that purpose this paper explores the practical meaning of activation strategies in vocational rehabilitation and if and how empowerment is done in practice. By putting the stories of people with disabilities central, we want to bring concrete, practical experiences back in the discussion on empowerment. Moreover, the focus on concrete experiences enables exploring alternative ways of approaching empowerment in the practice of vocational rehabilitation (and other health care practices). In order to explore the practical consequences of understanding empowerment as an activation strategy, we investigate client perspectives on and professional roles in empowerment and activation in the practice of vocational rehabilitation. Therefore we look at different definitions of and perspectives on empowerment. Our conceptual starting point is the broad theoretical notion of empowerment as defined by Tengland (2008). We use this definition to criticise the narrow theoretical notion of 'empowerment as an activation strategy' as found in the rhetoric of vocational rehabilitation (e.g. De Koning, 2008).

We continue this paper by presenting an overview of different perspectives on the policy of activation in general and then we specifically focus on activation strategies. Subsequently, we explain our theoretical framework. In the method section we introduce the narrative approach used in this study and describe the way we analysed the life stories of people involved in a vocational rehabilitation process in the Netherlands. The result section will show the practical and unintended effects of empowerment as an activation strategy by presenting an analysis of how empowerment is 'done' in the practice of vocational rehabilitation and how empowerment as an activation strategy paradoxically results in excluding clients from participation. Paradoxically, because in vocational rehabilitation 'empowerment as an approach' is intended to include people in society in general and in labour participation in particular. We conclude by suggesting that a more interactive way of clients in vocational rehabilitation may be more inclusive and therefore more empowering than current activation strategies in vocational rehabilitation.

3.2 **Criticism on Activation Strategies**

In vocational rehabilitation practices, empowerment is often considered an activation strategy. 'Activation' is regarded a key concept in the current transformation of many welfare states and activation can be understood as 'social policies and programmes aimed at promoting the (more or less obligatory) participation of people dependent on unemployment benefits or social assistance in expected to invest in their employability, and, when dependent on the welfare state, are granted rights and entitlements only on the condition that they fulfil the obligations society imposes on them' (Borghi & Van Berkel, 2007, pp. 413-414). They regard the second approach of 'the citizen in the context of active welfare state reforms, as far more enforcing and paternalist than [they] generally find in new governance debates' (p. 414). Discussing the individualisation trend in both discourses, they tentatively conclude that more attention should be paid to the diversity of forms of individualisation and user participation in practice. Moreover, they state that in the context of activation, 'the dominant social policy discourse on responsibilities and obligations of the unemployed often seems to *overrule* the governance reform discourse of [empowering and emancipating citizens]' (idem, p. 422).

The distribution of responsibility is a vital aspect of activation policies. As Bonvin (2008, p. 367) observed: 'most activation policies are based on a simplistic conception of responsibility: behaving responsibly coincides with quickly reintegrating the labour market'. In his analysis, Bonvin problematises the focus on a quick reintegration into the labour market and concludes that the issue of responsibility is far more complex. Also Peck and Theodore (2000) present a critique of the 'employability-based' approaches to supply-side intervention in the labour market in the UK. They state that in those approaches 'the causes of unemployment are conceived in individualistic and behavioural terms: the old problems of demand deficiency and job shortage have been dismissed; policies must now focus on the motivations and expectations of […] the 'workless class'' (p. 729). As an alternative they suggest a reformed approach to welfare-to-work policy—based on a client-centred and developmental ethos, an enlarged concept of 'employment' (embracing the social economy) and active social redistribution.

By critisising activation strategies, the aforementioned scholars describe the eventually paternalistic and disciplining consequences of implementing a one-sided and 'traditional' notion of activation. They express the concern that activation support will be too much focussed on behavioural changes, aiming at 'forcing' the client to return to work. Social and structural issues may get overlooked and support may turn into 'blaming the victim'.

It is empirically found that in health care practices empowerment is more often defined according to some of its anticipated outcomes rather than with reference to its very nature (Aujoulat et al., 2007; 2008). Aujoulat and colleagues (2007, p. 13) argue that 'the goals and outcomes of empowerment should not be predefined, but discussed

and negotiated with every patient or client according to his or her own particular situation and life priorities'. In other words, the perspective of the client should be included in the interpretation of empowerment. In line with this notion, Van Houten and Jacobs (2005) argued for a bottom-up approach to empowerment strategies. They state that top-down strategies that are disconnected from social practices—i.e. connections between people—have disempowering consequences. As an alternative, they propose the idea of a 'varied society' based on the notions of diverse and 'careful citizenship'. They argue that

> citizenship has been shaped according to a masculine, white and western view of human beings as being autonomous and self-reliant. […] Its language of activity, productivity and capacity does not leave much room for bodies that require care, for needs and vulnerability or rather for differences between people in their abilities, activities and needs (idem, pp. 644–645).

The concerns of Van Houten and Jacobs (2005) confirm the observation of Aujoulat et al. (2008) that studies on patient empowerment tend to overlook aspects of illness experience (such as coming to terms with disrupted identities). They consider patient empowerment as a personal transformation in which the process of *relinquishing control* is as central as the process of gaining control. Their analysis shows that empowerment is a complex process, that cannot be caught in linear models.

The reflective way in which clients are expected to participate in vocational rehabilitation resembles the process of proto-professionalisation as described by De Swaan (1990). He describes proto-professionalisation as a process in which laypersons learn to become experts in 're-defining everyday troubles as problems amendable to treatment by this or that profession' (idem, p. 14). Subsequently, the people who are able to reframe their situation to the appropriate professional vocabulary have better access to care, are more likely to be found 'suitable for treatment' and thus profit most of health care. In other words, in order to be considered suitable for treatment, individuals have to present their problems and to demonstrate a kind of learning process that is recognisable for professionals. Clients should be able to distance themselves from and reflect on their situation and to be able to demonstrate a specific kind of rational decision making. This implies that individuals who do not fulfil the professional norms may be excluded from support. Clients who have problems finding their way in society or who are overwhelmed by their life circumstances—i.e. individuals who need the most support—often do not receive the support they need in order to participate in society (Van Hal et. al, 2009).

The aforementioned critics share the idea that contemporary norms of autonomous, goal-achieving, active and reflective citizens should be revisited in order to reach empowerment that is connected to the person at stake. Taking those critics seriously,

in the next parts of this paper we explore how empowerment is 'done' in the practice of vocational rehabilitation.

3.3 **Studying Empowerment as Practice**

With this study we join the abovementioned theoretical criticism on activation strategies, but we also aim to go beyond these criticisms by studying the practical effects of understanding 'empowerment' as an activation strategy. To this purpose we focus on the case of vocational rehabilitation of people with disabilities in the Netherlands. Our focus on empowerment as a practice is inspired by scholars of Science and Technology Studies (STS)[13]. In the field of STS it has been demonstrated that it is fruitful to study scientific and professional work by focussing not on concepts and ideals, but on the capricious practices in which those concepts are applied and made tangible. The rationale for this is that concrete practices have their own dynamics and logics and are not a mere reflection or application of theories (Bowker & Star, 1999; Mol, 2008).

Researchers in STS for instance do not study specific scientific ideals like truth and validity as concepts, but perform ethnographic studies in laboratories and professional practices to provide insight in how these ideals are 'done' in every day work (Latour, 1999; Bowker & Star, 1999: Mol, 2008). Following this, we will not primarily go into the question whether empowerment is desirable or not, but we will demonstrate how empowerment is 'done' in every day practice of vocational rehabilitation. The attention to 'doing' is particularly valuable since practices are much more diverse than theories assume and because unintended effects of ideals and norms often only can be identified in practice. An exploration of the various ways in which 'empowerment is done' makes explicit how different ways of 'doing' embody different norms. It makes normative consequences visible that cannot be identified by theoretical criticism.

Our research is especially inspired by the work of STS scholars in the field of health care practices, such as Mol's (2008) analysis of 'good care', Moser's (2005) study on the construction of disability and Struhkamp's (2004a) research on the practice of physical rehabilitation. Struhkamp used ethnographic stories to reveal 'parts of the richness, complexity and difficulties of the care and treatment of people who try to re-adjust to day-to-day life with a severe physical disability' (Struhkamp, 2004a, p. 107]. She focussed on the tension between theory and clinical practice, especially with respect to issues like independence, patient autonomy, goal setting and suffering. With her analysis of the concrete practice of physical rehabilitation, she shows that theoretical notions are normatively charged and that the use of these notions in policies, rehabilitation programmes and public debates differ from the concrete practices they speak about.

[13] For more information about STS, see the handbook of Science and Technology Studies (Jassanoff et. al, 1995).

While de Koning (2008) stated that goal setting is also a part of the activation strategies within vocational rehabilitation, Struhkamp argued that goal setting 'requires active [client] participation and individual control that sometimes appears impossible, unrealistic and undesirable' (Struhkamp, 2004b, p. 152). Setting and achieving certain goals, is thus not as self evident as often assumed. In the case of vocational rehabilitation this means that it should be reconsidered whether it can be expected from clients to purposively aim at the achievement of paid work and whether this goal does not prevent them from participation in an other sense. Within vocational rehabilitation those clients are often set apart as 'passive' or 'unmotivated' (see also Holmpvist, 2010). As Struhkamp shows, those labels are not an adequate interpretation of the actual situation of these clients.

3.4 **Researching Narratives on Empowerment**

To study how activation and empowerment is done in practice we performed a narrative analysis. Narratives do not only give insight in how the narrator experiences life, but also tell a lot about the practice—social, cultural, material, political circumstances—in which the story is made and told. In other words: 'society and culture 'speak themselves' through an individual's story' (Riesmann 1993, in Smith & Sparkes, 2008, p. 18). A narrative approach enables to focus on the life stories of clients, to relate the return-to-work experiences of people to the context of these life stories, and to do justice to the diversity of clients in vocational rehabilitation trajectories (Van der Burg & Deursen, 2008; Van Hal et. al, 2009). Riesmann (2002, p. 4) states that 'narratives […] embody a human subject with agency and voice'. The focus on narratives brings the concrete experiences of people back in the debate about empowerment and activation: it gives room to different perspectives, to emotions, to silences and 'not-knowing'. In line with Ville and Winance (2006), we consider people as actors of their own lives and we concentrate on the experiences and perspectives on returning-to-work of clients who do not seem to fulfil the often implicit norms of these strategies. The analysis presented in this paper focusses around the core values mentioned by the 'Handbook for Empowering Strategies in Social Services and Vocational Rehabilitation' (De Koning, 2008), namely autonomy, goal setting, linearity, activity and reflection.

The life story interviews were performed between June 2007 and July 2008 in the Netherlands. Access to respondents was gained through the Dutch Social Insurance Institute (UWV). We purposively selected (Wengraf, 2001) forty-five respondents. The selected population varied regarding gender, age, residential area, health complaints and work situation. All respondents had been receiving a disability benefit for a continuous period of at least 3 years, had recently undergone disability reassessment and had entered a vocational rehabilitation programme. The respondents were informed by

telephone about the reason and design of this study and were asked to collaborate. Written informed consent was acquired.

In order to collect an in-depth narrative, the interviewer (first author) spoke with most respondents two to three times. The interviews took place at respondents' homes and lasted between 40 min and 2 h with an average of 90 min. The first interview started with an invitation to narrate how the respondent had grown up. During the rest of the interviews the respondents could decide themselves what was important to narrate in relation to their life and their vocational rehabilitation. All interviews were recorded and transcribed verbatim in Dutch. Translated excerpts, edited for readability, are featured in this paper. The analysis started with familiarising ourselves with all narratives and subsequently we analysed the narratives on specific themes.

In this paper we will present an analysis of five narratives that explicitly challenge the expectations of activation strategies within vocational rehabilitation programmes. Besides the diversity that those cases represent regarding gender, age, health situation and social circumstances, the main reason for selecting those cases was the relevant differences they show in relation to theoretical notions on activation and empowerment. Those five narratives serve as illustrative cases that clearly show the limits and unintended effects of understanding 'empowerment' as 'activation' and provide clues for alternative approaches on autonomy, goal setting, linearity, activity, and reflection. In order to strengthen the illustrative power of the narratives, we made the analytical decision to present each alternative with a separate case.

3.5 'Doing Empowerment' in Vocational Rehabilitation

The cases presented below, describe how empowerment is done in the practice of vocational rehabilitation and how this process affects the life and opportunities of people in an unexpected way. The first case focusses on the ideal of autonomy, the second on the ideal of goal setting, the third on the ideal of linearity, the fourth on the ideal of activity and the fifth on the ideal of reflection.

3.5.1 Autonomy Versus Interdependency

In the conversations I[14] have had with Marco[15], his wife Julia takes part as well. This seems the normal routine in their household, especially since Marco suffers from memory loss and low levels of energy because of Organic Psycho Syndrome (OPS). During the first conversation, Julia gives Marco talking space, but interrupts him when he, in her opinion, forgets to tell important things. According to her, Marco tells mainly

[14] The 'I' that is referred to in the presentation of the cases, is the interviewer and first author of this paper.
[15] For the sake of anonymity, fictive names are used.

about the events that affected him personally (for example the mobbing when he was a child and the death of his mother). Other life events, such as the sale of their house as a result of financial problems and the visits to the food bank are not part of his story. Julia tells me later that these were the kind of things she took care of: *'He doesn't speak about these events, he doesn't see them as problematic since they are solved by me'.* For her, it was 'funny' (as she expressed it) to hear how her husband makes a story of his life. Normally they perform a story together, and now it strikes her to hear *his* story: what he tells, and especially what he does not tell.

Marco does not speak about an autonomous life. His story is an interdependent story about a life that is performed through relations with other people. Especially through the relation with his wife Julia. This interdependency is considered problematic by Marco's vocational rehabilitation counsellor. When our conversations continue, the stories of Marco and Julia make clear that Julia organises a large part of the administrative activities that are part of the vocational rehabilitation programme and social security system. She accompanies him to conversations of the UWV (Dutch Social Insurance Institute), the rehabilitation agency and so on. She performs a lot of 'Marco's' activities, such as filling in the list of job applications each month. Julia explained to me that Marco's rehabilitation counsellor told her to stop doing this. Because of the activities Julia takes over, the counsellor thinks it is not clear what Marco's situation is. He does not have any demonstrable injury, so the counsellor expects that Marco's work related problems will only become visible if he has a job. The counsellor thinks Marco is registered able to work because his wife is 'compensating' his limitations. But to stop 'compensating' seems no solution for Julia: 'I cannot leave him alone in this. That will ruin our marriage'. Nevertheless, the rehabilitation counsellor stressed that Julia should quit filling in the lists of her husband. Julia reacts on this: *'But then we will not get any unemployment benefit, and then we are even in bigger trouble'.*

Marco and Julia describe a complex household situation. Marco is on the waiting list for psychological care, since he has difficulties dealing with his aggression. Julia has health problems and difficulties with walking. She uses a wheelchair for the most part of the day. Financially they are on the rocks. Julia is not entitled to benefits. Two of their four children have a hereditary disease and have to visit the hospital frequently. *'That all counts',* Julia says. Marco adds: *'There is no reference point, like 'now it is over and we start again'. It just continues and continues'*. The family has 24 h of personal assistance a week. *'It takes all your privacy away',* Julia says. During our conversation the phone rings. It is the vocational rehabilitation agency. Marco will get a new rehabilitation counsellor and she wants to make an appointment with him as soon as possible. She suggests a date of which Marco already had indicated it was impossible for them to come. Their days are full with Julia's physical therapy sessions and the hospital visits of their children. It turned out to be difficult to make an appointment with the vocational rehabilitation counsellor. The rehabilitation agency should have monthly contact with Marco, that is why, according to Julia, they are pushing for an appointment. The new

counsellor plans a conversation of 30 min. Marco and Julia think this is too short. With their former counsellor they had an intake conversation of 2 h.

The story of Marco and Julia shows the possibilities that interdependency can create: thanks to the support of his wife, Marco is included in the social security system. Because of personal assistance, their household is functioning. Moreover, one morning a week Marco works voluntarily as a handyman in a establishment for handicapped people. He performs all kinds of chores. He can structure his working hours independently and the working environment takes his mental and physical situation into consideration. The voluntary work is organised by the Regional Institute for Mental Welfare (RIAGG). He had to get permission of the UWV to start doing volunteer work. Marco thinks that his work as a volunteer is working against him: *'at the moment you show you can do volunteer work, they think you can work as well. If you will be sitting around idly, things will be alright [in the sense that you will easily receive a benefit then]. I do not agree with that'.*

Autonomy is not a 'condition' for participation. On the contrary, this case clearly demonstrates that interdependency can form a base for participating in society. Vocational rehabilitation in Marco's case is thus not about 'individualising' the client from his environment, but about focussing on how interdependency can be (made) 'productive'.

3.5.2 **The Goal of Labour Participation Versus Living a Good Life**

According to the vocational rehabilitation agency, Maria finished her rehabilitation programme successfully. Within a year, she got a contract for 6 months at a large do-it-yourself shop. However, Maria herself questions this 'success'. Working in this branch did not make her life easier. When I wanted to make an appointment with her for a second interview, she asked me to come during her holidays, since then she feels 'less stressed'. During the interview, her 25-year old daughter is also present. Maria tells me that her life turned upside-down since she started working again. She feels tired and nervous and has less money to spend compared to the time she was on disability benefit. She explains it is very difficult for her to be financially dependent on her daughter: *'I am the adult here, I should be helping her'*. Maria adds that the best thing of working is, that there is less time for worrying.

As discussed in the introduction, vocational rehabilitation programmes do mostly focus on a clear, predefined goal: sustainable employment. Within the programme, this goal setting is considered an important instrument to give direction to the vocational rehabilitation programme and to keep it going. However, as the case of Maria illustrates, the predefined goal of employment may conflict with clients' particular situation and life priorities. In her process of returning-to-work Maria does not feel supported by her vocational rehabilitation agency:

> *I often cannot relax my body, that is always totally tense. Of course, that has to do with my past. It is not about that. But my life was always like this, always all by myself…I always needed to survive. The disability benefit knows nothing, the unemployment benefit knows nothing, the rehabilitation knows nothing. And I will not tell them, because they wouldn't hear of it. They do not know what my life looks like: it is only about working.*

Maria describes that the focus on achieving paid work bypasses her personal situation. Her primary goal is not employment in itself, but, among others, (financially) taking care of her daughter, living with less worries and feeling relaxed. Putting it differently, Maria aims at living a good life. This notion of living a 'good life' is often not articulated in clear goals and may therefore become invisible next to the distinct goal of labour participation. In Maria's case, this diversity in goal setting makes that she does not feel understood by the agency supporting her in her vocational rehabilitation. This perceived lack of understanding makes that Maria did not call her rehabilitation counsellor for assistance during the official conversation regarding her conditions of employment. This shortage of support turned out to be problematic for her: she did not agree with the salary her employer offered to her, but she did not now how to react on this. She actually wanted to discuss this issue with her rehabilitation counsellor. But she did not contact him about it. Since she started working with a lower salary than she wanted, she feels like she failed from the very beginning: *'It started with failing. Because of that I entered my job feeling insecure. Even if it was 100 Euros more, I would have had so much more self-assurance'.* Maria expresses that sometimes she has the feeling that she is in a circle of negative events that she cannot escape. *'All the time that circle'.*

Successful returning to work involves so much more than just having a contract for a couple of months. Maria's case illustrates painfully that a too narrow focus on labour participation can lead to paradoxical situations in which 'successful' vocational rehabilitation can mean a life in which a person feels powerless and excluded on different levels. During the vocational rehabilitation programme, more attention could have been paid to Maria's responsibilities at home, her emotional well-being and her own opinions and priorities regarding successful return-to-work.

3.5.3 **Linearity Versus an Erratic Process**

Judith, who became work disabled because of depression and burnout, speaks about the difficulty of listing her needs during her vocational rehabilitation programme:

> Judith: *I think that people do not receive a disability benefit for fun. […] And it's very unpleasant that you should have a clear aim. That you should be so coherent to address your [needs], while you are just not able to do that. And I think that are serious shortcomings.*

Interviewer: *Yeah, on a certain moment, things are expected from you that actually cannot be expected from someone.*

Judith: *Well, I can only speak for myself, but I felt so far away…Then you are just on another level, that almost doesn't work. […] And it has nothing to do with that you don't want to work, or that you like to be on disability benefit, or that you are passive. It has nothing to do with that.*

Judith's case conflicts with the linear process towards employment that is often assumed in activation strategies. This linearity presumes individual control, and as Struhkamp (2004a; 2004b) pointed out, this sometimes appears impossible, unrealistic and undesirable. Especially in the case of psychological problems, it may be difficult for people to reflect on their situation and to express and prioritise their needs. The distance and clarity that is part of this process conflicts with the actual, often blurry, presence of psycho-emotional issues. Judith describes a friction between her personal situation and the expectations that were part of her vocational rehabilitation programme:

Judith: *If you look at the phase I was in at that moment. […] Well, I was not totally stable yet and neither was I mentally and physically on the level I wanted to be. And that is what you have to deal with. That is actually my biggest handicap at that moment. At the same time you should be in top condition, top alertness, to do such a thing [the vocational rehabilitation programme]. And that contradicts. And I think now, at this very moment, I would deal with it differently.*

Interviewer: *Well, did you have the feeling that the rehabilitation counsellor tried to attune to the phase you were in?*

Judith: *Oh yes, I think they listened very well. I think that they took the space I offered. But, looking back, when you ask me, I think they were led by my rather strong appearance. […] Whereas I think it was still only skin-deep. I mean it is there, but the solidity of it, well, that was merely exterior. […] Thus I think that they were too much led by, 'well, she'll manage'. And it was very clear to me, as they told me, that they will give me advice on business matters. The emotional part and other things, that was not for them. Well, and finally I think that I needed the emotional part more than the business.*

Judith expresses that within her vocational rehabilitation programme, she mainly focussed on the businesslike aspects of vocational rehabilitation. However, in retrospective, Judith articulates that she needed more emotional support during her process of returning-to-work. With her story she shows that vocational rehabilitation is an erratic process (see also De Kort et. al, 2010). This may imply that in her case, as in most cases, vocational rehabilitation should have addressed various aspects of life, each with its own logic and chronology. When it is too strongly focussed on work-related issues,

other important facets of life, such as emotional wellbeing, might be neglected. If the ideal of linearity becomes less of a focus within the programme, more room is created for client's individual processes of coming to terms with their particular situation.

3.5.4 **'All or Nothing' Versus Balancing**

When I visit Anne for the first time, she is living at her parents' place in a village 30 kilometres away from her residential town. She is diagnosed with posttraumatic dystrophy. She explains to me that she cannot live on her own at the moment:

> *I can't manage myself in [residential town]. I can't say like: 'I will go to the cellar and do the laundry'. And cleaning the house, that is such a thing…ugh…that is not working either. So, that kind of thing is not working now. And then there was the question: What to do? Well, I said, I will stay here [at parents' place] for the time being. Until I've hopefully made some progress through the [physical] rehabilitation, so I can try it again. But then I'll need some house adjustments. And I am busy with that as well, but…well, the indication agency has some arrears and problems with the personnel. So, no indication is coming…Indeed, I am well informed about everything.*

Due to the posttraumatic dystrophy, Anne's body hurts and restricts her in her activities. Anne entered the vocational rehabilitation programme with the idea to elaborate her working hours from 18 to 36 h. Due to her health situation, she could not start with the programme. Anne describes a dichotomic approach of her vocational rehabilitation programme. It is about 'all or nothing': only when she is in good health, the programme can start. This approach does not resemble the way Anne lives her current life. She is continuously occupied with organising her life with an illness. Anne's case illustrates the *activity of balancing* in which organising as much as caring are central aspects.

Anne works 18 h a week as a secretary. She is eager to continue working, since, as she explains, the distraction, social contacts and the fulfilment she gets by working are very important to her: *'it makes you belong to society'*. To be able to work those hours, she needs to organise her transport to the work place, and that takes time:

> *They [local taxi company] pick me up by taxi. I work a couple of hours and they bring me back by taxi. Now I do everything by taxi. What must be must be. […] You have to take into consideration that you should leave home at half past six in the morning by taxi, to be at work at eight. And then you are just happy that you could be at work for a couple of hours. Then it takes two, three hours to be back home again. Because I use 'Tailored Transport'. That's the cheapest way to get somewhere.*

The structure of the 'Tailored Transport' demands extra organising in going to work and this takes a lot of time. She has to make a reservation for transport at least 1 h in advance and she has to share it with more persons. Anne describes that she created a

daily schedule to make her (work) activities possible, as well as the necessary resting to balance her energy level.

> *Well, I work from Mondays to Thursdays in the morning. And then in the afternoon, it is just resting. […] [Working] costs me a lot of planning and organising. Every morning I wake up at half past four, take a shower, put my clothes on, blow-dry my hair, and then I make sandwiches. And then I need to sit with my legs up for an hour, before leaving to work. Because that gives me just an extra hour of rest. Well, you are just busy all the time with looking how you can manage it all. No-one believes that, but all the time you are busy… well, you want to work, then you should take all the planning into consideration.*

Anne's story shows that rest before and after her work is an essential part of balancing life. Her periods of rest can therefore be seen as part of the activity. In the way Anne speaks about her life, she emphasises that being active implies that she has to take good care of herself.

Besides the caring for herself, that Anne illustrates by the way she organises her life, Anne is also active in caring for others. She describes that, for her, taking care of others is important to find fulfilment in life. Especially since she had to stop working as a nurse, because of health problems, she is seeking fulfilment in 'informal' caring.

> *Now I try to find satisfaction on other ways. Since last summer one of my aunts stays in a nursing clinic. She had a cerebral infarction and a brain haemorrhage and I visit her regularly. And then you try to get a smile on her face, or to comb her hair nicely, or put some crème on her face. I am not that mobile, but if I sit down I can use my hands. She is also in a wheelchair, well we just try to help each other. And you just do that for that smile, and the 'thank you'. Things like that, that's why I do it.*

The restrictions Anne experiences in her activities, are no reason for not taking care of her aunt. Moreover, Anne shows that it makes her feel more connected to her aunt because they both feel physically restricted ('We just try to help each other'). Caring is an important activity in Anne's life. She emphasises that it brings her satisfaction.

Anne describes an active life full of organising and caring. By 'giving and taking' she gives shape to her life. Living with disabilities asks for both organising and caring, and those are other types of activities than often assumed within vocational rehabilitation programmes. This 'giving and taking' implies a delicate balance that does not fit into the narrow conception of 'active citizenship' that disregards differences and care (Van Houten & Jacobs). The concept of 'careful citizenship' as described by Van Houten and Jacobs (2005) leaves more room for broadening the view on 'activity'. When organising and caring are regarded as meaningful activities, Anne's way of balancing her life may be considered as a valuable part of (social) participation.

3.5.5 **Reflection Versus Learning by Doing**

Inga, a lady with fibromyalgia, expresses that for her it is important to gain practical experience during her vocational rehabilitation programme. She explains:

> *For me, the most important thing to learn is to write [application letters] or at least that I get an example of it. And that she [the counsellor] will go over it with me. Whether I wrote the letters well enough. That gives me something tangible. Speaking with people about your feelings and so on, it's not for me. I rather keep things to myself. I think it is just too personal to speak with strangers about those things. But clear things, such as writing good letters, well, that's useful to me. […] Yes, the concrete things. I remember, the first three meetings I came home and I said to [partner], I said, 'If it stays like this, then I'm not getting anywhere.' I found it messy, I don't know if I can name it like this, but it was a bit childish. […] But it was maybe just a kind of introduction to comfort people. […] After the fourth time we started with writing application letters, practicing phone calls. Then I thought, well, I didn't know that before. This brings me something. So, then it finally became a bit useful.*

Inga articulates that the talking did not contribute to her learning process. It were the practicing of skills that helped her in feeling a bit closer to the labour market. There is a tangible friction between Inga's way of learning and the learning that is expected in many vocational rehabilitation programmes. The motor behind the process of vocational rehabilitation is the expectation that clients are able to reflect on their lives. This reflection is considered a vital part of their learning process and an important aspect of self-development during vocational rehabilitation programmes. Reflection is often principally focussed on the issue of (returning to) work and is regularly interpreted as learning by *thinking*. However, this way of learning does not for work for everyone. The case of Inga shows an alternative process of 'learning by doing'.

When Inga tells me about a test she had to perform, she explicitly positions herself as someone who is not a 'thinker':

> *We had a nice group. I did the career test in another group, since I was the only one from my group doing the test. […] And then I came in a group with, well, deep thinkers, scholars, worriers. Later I told the course instructor that I was happy that I was not placed in that group, because I wouldn't feel at ease there.*

Inga articulates that she does not feel comfortable in a group in which 'thinking' dominates. When she continues to speak about the career test, she sounds disappointed:

> *I had to do that career test since I was out of employment for a long time. And I didn't really study for something, so I don't have a true profession. And for that reason I got the career test, that maybe then I would discover the direction I should search in. Well, it didn't result in a list like, 'search in this or that direction'. I think,*

well, for what reason did I make that test? […] I know as much as before, as little as before. No, it didn't bring me any insight in the kind of vacancies I should look for. It was just a waste of time. I sat there the whole morning and nothing came out.

Inga could not do much with the outcome of the career test. She expected a concrete answer, but the test did not give her any clue about what to do. When Inga speaks about her vocational rehabilitation programme she explains that she entered the programme with the idea of understanding her disability better by starting to work:

I had the expectation […] if they place me somewhere and they just discover that it doesn't work out for me, then it is a confirmation for me that I am unable to work. But it never came that far. The last time, the rehabilitation counsellor told me that they couldn't do anything with me. So, on the one side it is finished, the rehabilitation agency also thinks that they cannot do anything with me. But I would have preferred a double confirmation, by starting to work somewhere. And that it would turn out more clearly, that you are ill. But that's just not the case. […] So maybe for them [rehabilitation agency] it became clear, but for myself it is not hundred percent clear.

Inga points out that she needed to experience whether she is work disabled, before she 'believes' it. Only to think about it or to hear it, is for her insufficient to be able to place it. A reflective and cognitive approach on learning overlooks the need for *doing and experiencing* in the process of vocational rehabilitation.

3.6 **Empowerment: Learning from Practice**

This paper presents an empirical analysis of empowerment. Inspired by the ambition of STS to do justice to the dynamics of practices, we aimed at exploring how empowerment gets shape in the concrete practice of vocational rehabilitation and how one can go beyond the notion of empowerment as an activation strategy that solely focusses on labour participation. The narrative analysis shows the capriciousness of daily life with disabilities, the expectations of vocational rehabilitation programmes and the tension between those two domains.

The cases in our paper illustrate how understanding empowerment as an activation strategy affects the everyday lives of people and their concrete opportunities and abilities to participate and to return to the labour market. Starting from the narrated reality of clients in vocational rehabilitation programmes we distinguished five ways in which (dis)empowerment is experienced. Marco feels 'empowered' based on his interdependency; Maria states that, since her personal goal of 'living a good life' is not achieved, she does not feel empowered by having a job; Anne is able to be active because she knows how to balance life; Judith speaks about the erratic side of vocational

rehabilitation; and Inga explains that she learns by doing. These narratives illustrate that 'being empowered' cannot simply be identified or characterised by autonomy, goal setting, activity, linearity and reflection in vocational rehabilitation. In fact, the cases show that 'doing empowerment' from a client perspective can result in exactly the opposite of what is intended by the activation strategy of vocational rehabilitation programmes.

Starting with the theoretical starting point of empowerment as a process in which a professional relation is created where the client takes control over the change process and determines both the goals of this process and the means to use (Tengland, 2008), our analysis demonstrates the *normative character* of this understanding of empowerment. Activation strategies that aim for labour participation tend to be *normative* in the sense that they impose specific expectations on how clients should behave in order to be empowered. Moreover, being empowered is equalized to the goal of achieving a paid job. Instead of a professional relation in which the client takes control over the change process, the professional is expected, and in fact disciplined, to direct the client towards a predetermined change in a predetermined way. Activation strategies are *disciplining* clients in the sense that being empowered is considered a duty. This can be illustrated by the way autonomy is understood. Instead of approaching autonomy as the right to self-determination, it is simplified as the duty to manage one's life individually. As the case of Marco demonstrates, clients are expected to make independent choices and should not be supported by relevant others in their vocational rehabilitation trajectory. This way of understanding autonomy bypasses the abilities and way of living of the client and may therefore hamper the client's participation.

The theoretical notion of empowerment as developed by Tengland (2008) is a dimensional concept. On the contrary, our study demonstrates that in everyday vocational rehabilitation practices empowerment is understood in a dichotomous way. From our analysis it appears that clients are labelled as either autonomous or dependent; successful or failing; active or passive. This black-and-white notion of empowerment is connected to the *psychologisation* of empowerment. In vocational rehabilitation, empowerment tends to be reduced to a personal characteristic and professional support is limited to changing the person his- or herself. This is problematic since important practical processes and contexts are left out of sight. A one-sided focus on the individual leads the attention away from the social and physical environments that may limit or strengthen people's abilities to be empowered (see also De Souza, 2011). Taking the contextuality of empowerment into account makes clear that interdependency, the focus on living a good life, balancing, awareness of irregularity, and learning by doing may help clients to achieve participation much better than to remain focussing on autonomy, goal setting, activity, linearity and reflection.

Our perspective comes with its own normativity. Starting from a STS approach, we explicitly choose to study the practice of vocational rehabilitation from the experiences and perspectives of clients. By putting the narrated reality of clients centre stage, we

aim for a less excluding approach on activation, in which empowerment is not predetermined by dichotomous expectations but seen as a process in which the concrete client is the starting point. In fact, the experiences of clients in vocational rehabilitation programmes may give valuable clues for professionals to look beyond the one side of the dichotomy and to develop approaches that are more supportive in practice and do not exclude people from participation. Our analysis illustrates that professionals are restrained by the narrow understanding of 'empowerment as an activation strategy'. This restricted definition of empowerment evokes tension in the client—professional relationship, since clients often do not fulfil the expectations that are part of this definition. Taking account of clients' life stories may release this tension, since in practice clients go beyond the narrow notion of empowerment (by being interdependent, by learning by doing etc.). More room for interaction between client and professional thus provides opportunities for an ongoing learning process of how empowerment takes shape and may be supported in each specific case. This may be a valuable 'attitude or a 'way to work' towards empowerment' (Tengland, 2008, p. 93). Taking the life story of the client as a starting point in order to escape from the normative and disciplining notion of 'empowerment as an activation strategy' might lead to more empowering vocational rehabilitation support. However, to what extent do professionals have enough space to create room for facilitating clients' processes of empowerment? This needs further exploration. As part of this, it should be investigated whether the institutional structures in which professionals operate hamper this kind of professional support.

Activation strategies aim at supporting people to participate in society. In other words, they strive for inclusion. In doing so, the goal of labour participation can be seen as 'the management of normality' (De Swaan, 1990) that easily overlooks differences in needs of clients and ways of living. Holmqvist's study on sheltered employment for activating occupationally disabled people in Sweden, poignantly illustrated that people who 'are unable to live up to the norms of being a 'normal' and hence fully active citizen, are objectified as passive and unemployable persons through the same principle that aim to make them active' (Holmqvist, 2010, p. 222). Our analysis illuminates that a dichotomous outlook makes activation strategies highly normative and excludes people who cannot fulfil those expectations. Autonomy, goal setting, activity, linearity and reflection are vital aspects of empowerment. We do not suggest disposing of them. However, our analysis emphasises that these concepts are often interpreted in a one-sided way. It creates specific expectations of how clients should behave and develop during their rehabilitation programme. Those expectations often exclude people from the support they need. By doing so, activation strategies can achieve exactly the opposite of what they aim at. Activation strategies seem to be caught in a paradox: instead of including people, they may have excluding consequences. Professionals can learn from practice how to go beyond this paradox and reflect on their facilitating role to support clients in their processes of empowerment.

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CHAPTER 4

A sociological perspective on 'the unmotivated client': Public accountability and professional work methods in vocational rehabilitation

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4.1 **Introduction**

Since the 1990s, there has been much public interest in the promotion of labour participation in the Netherlands and other 'Western' countries. This is partially due to the increase in the total cost of social assistance, and because employment is seen as an important condition for the wellbeing of individuals and society. The present public interest in labour participation can be placed in the context of active welfare states. In welfare states, a paradigm change took place from 'protection' to 'participation'. Paid work is now explicitly valued above income compensation. As McDonald and Martson put it: 'Welfare states transformed into workfare states' (2005, p. 375). This shift towards activation has consequences for what is expected of people that were formerly entitled to benefits and for the way vocational rehabilitation programmes are organized (McDonald & Martson, 2005; Holmqvist, 2010). The goal of all people being able to participate in the labour market is not up for discussion in this article. We do, however, want to reflect upon the manner in which this goal takes shape within vocational rehabilitation programmes. We do this by drawing on empirical data of vocational rehabilitation practices in the Netherlands.

In 2000, the Dutch vocational rehabilitation market was privatized because the government presumed that this would increase the effectiveness of vocational rehabilitation.

Privatization was to lead to stronger competitiveness so that vocational rehabilitation professionals would deliver higher quality for a lower price, and in less time (Zwinkels, 2007). Diverse financial incentives were introduced so that employers and employees would work more effectively on vocational rehabilitation. Currently, the demand for a more effective vocational rehabilitation continues. At present, the Dutch vocational rehabilitation market is experiencing enormous budget cuts. There will be 50% less budget in 2014 than there is now (RWI, 2011).

In the Dutch vocational rehabilitation market, vocational rehabilitation agencies are dedicated to guiding individuals in acquiring employment. The vocational rehabilitation market is very diverse. There are large, nationally operating vocational rehabilitation agencies with several branches, regional agencies, municipalities, and individual freelancers.

They all deal with a wide range of people: people with mental, physical, and other types of work disabilities; people that are long-term unemployed; low and highly educated people; and people with a lot and little work experience. These people end up at vocational rehabilitation agencies via different routes. It could be an investment made by the Dutch Social Insurance Institute (UWV), referrals from municipalities, and individuals with a personal vocational rehabilitation budget (IRO) that select a particular vocational rehabilitation agency themselves. Usually, after a client is assigned the agency receives

one part of the estimated costs of the vocational rehabilitation path, and only after the client has found sustainable paid work—i.e. signed a contract for at least 6 months—the agency receives the rest of the budget: no cure, less pay.

Vocational rehabilitation agencies in the Netherlands have developed different ways of guiding their clients in acquiring employment. There are agencies where clients are present every weekday from morning until night and practice different skills within the work division of the vocational rehabilitation agency. Other agencies focus mostly on weekly group training sessions, especially concerning the job application procedure. In addition, there are agencies that work mostly with a client based on individual dialogues (van Hal et al., 2009). What these different approaches have in common is that a client's motivation is often seen as a central element for a successful vocational rehabilitation. Also in studies in other countries is observed that motivation is considered a key to successful return-to-work (McDonald & Martson, 2005; Berglind & Gerner, 2002).

In the vocational rehabilitation sector, there exists a premise that client motivation is of vital importance for the success of the vocational rehabilitation path. In this context, client motivation is associated with the willingness to change, *wanting* something and demonstrating that with *dedication*. In this way, motivation gets a primarily psychological interpretation. Much research has been dedicated to motivation and return-to-work in relation to the individual behaviour of a client (Berglind & Gerner, 2002; de Rijk et al., 2009). Psychologically oriented research has produced valuable insights that are applied to current vocational rehabilitation practices (Power, 2000).

By focussing on a client's individual behaviour, psychological research pays little attention to the relation between the institutional context and motivation. This may be problematic since unemployment and return-to-work are then primarily considered individual's personal troubles, rather than social issues (Holmqvist, 2009). With this article, we want to contribute to the insight into motivation by employing a sociological perspective on motivation that has an eye for the way institutional context and interactions constitute motivation. In this article, we analyse how motivation is given meaning in the everyday vocational rehabilitation practice in the interaction between the professional and client within an institutional context. In order to investigate this, next to insights from sociological research on professional practices, we also use science and technology studies (STS) concerning health practices. In the next section, we explain how these insights help to better understand the meaning of motivation.

4.2 **Social construction of motivation and unmotivation**

Sociological research on professional practices (Duyvendak et al, 2006; Meershoek et al., 2011; de Swaan, 1990) shows that professional practices have a normative dimension. This means that the work methods of professionals are not neutral, but rather

embody certain norms and values. Professional methodologies and instruments contain, often implicit, expectations of clients. These implicit expectations have concrete consequences for the way in which clients are approached and for the relationship between professional and client. In order to analyse the (unintended) consequences of these expectations, it is necessary to specify these implicit norms.

A standard work about expectations in professional services is the analysis of proto-professionalization within psychotherapy by Abram de Swaan. De Swaan (1990) describes that clients are expected to 're-defin[e] everyday troubles as problems amendable to treatment by this or that profession' (p. 14). Clients that are able to describe their situation in suitable professional vocabulary are more inclined to seek professional help, have better access to this care, are more likely to be deemed suited for treatment, and benefit the most from it. In other words, in order to be eligible for treatment, clients have to present problems that are recognizable by professionals. They must comply with the norms that are internalized in the practice concerned. In the case of psychotherapy, among other things, this means that clients must distance themselves from their everyday situation and be able to reflect upon it in order to mobilize professional help. Thus, certain expertise and skills are required in order to gain better access to care. At the same time, this means that people who do not fulfil these norms are excluded from care.

In other health care practices, research has been conducted concerning the implicit expectations of professionals and the consequences thereof. STS research for example demonstrates that in physical rehabilitation practice patients are expected to choose their goals themselves. In practice, it seems that this expectation is undesirable, unviable, or unrealistic (Struhkamp, 2004). In line with these findings, Annemarie Mol (2008) demonstrates that this 'logic of choice' also prevails in diabetes care thinking. Diabetics are primarily seen as independent, active, rational, and individual patients. These specific expectations regarding autonomous patient choice lead to the situation that attention for 'good care' is easily forgotten. The emphasis on choice may even hamper good care. In her book, she pleads for more room for the 'logic of care'.

In a similar way to revalidation or diabetes care, the methodologies and instruments of vocational rehabilitation professionals are bound to expectations about how the vocational rehabilitation process should occur. Clients are expected to take part in the vocational rehabilitation path autonomously, reflect on their vocational rehabilitation process, work towards a goal, and achieve labour participation combined with personal wellbeing. However, these expectations often do not appear to coincide with a clients' attitude towards their specific rehabilitation process (van Hal et al., 2012a). When clients do not fulfil these implicit expectations, it becomes difficult for many professionals to work with those clients. Conflicts and the associated risks of stagnation of the vocational rehabilitation process lie in wait (Meershoek et al., 2011).

Against the background of the notion that implicit expectations are part of professional practices and that these expectations take shape in the interaction between the

professional and client, in this article we explore how motivation receives meaning in the interaction between professionals and clients in vocational rehabilitation practice. Building on the insights gained from sociological research and STS, we understand motivation as a *social construction.* We thus do not approach motivation as a given or as a personal characteristic, but rather as the product of the interaction between professionals and clients in a specific institutional context. 'The unmotivated client' is a judgment that in that context almost inevitably arises in the interaction between the professional and client if the institutional goals of vocational rehabilitation are not achieved.

4.3 **Research methods**

This analysis of the construction of (un)motivation is part of a larger qualitative research project in which we explore how vocational rehabilitation is done in practice. Attention for 'doing in practice' is particularly valuable since practices are no direct reflections of theories or policies, but have their own dynamics and logics (Struhkamp, 2004). Moreover, (unintended) effects ofpolicy norms and ideals often only can be identified in practice (Mol, 2008). Aim of the overall research project is to investigate how vocational rehabilitation practices contribute to societal inclusion of people who are partly work disabled.

To explore how vocational rehabilitation is done in practice we studied stories that clients and professionals told about daily experiences with work disability, vocational rehabilitation and (labour) participation. With our focus on stories we join a large and diverse body of narrative research that study storied forms of text and share the notion that narratives represent storied ways of knowing and communicating (Hinchman and Hinchman, 1997 in Riesmann, 2005). Narrative approaches can be found in, for example, anthropology, sociology, psychology, educational sciences, history. Within disciplines, there is a variety of strands that approach narratives differently. With 'storied' is meant that 'events are selected, organized, connected, and evaluated as meaningful for a particular audience' (Riesmann, 2005, p. 1). Personal stories are both personal and social at the same time. Narratives are understood as social creations: 'people are born into a culture that has ready a stock of narratives from which they draw upon, appropriate, adapt apply and perform in their everyday social interaction' (Smith & Sparkes, 2008, p. 18). Stories do therefore not only give insight in how storytellers interpret the world and experience to live in it, but also tell a lot about the society in which a story is made and told. In our research project we use stories to get insight in how professionals and clients make sense of vocational rehabilitation and how they deal with it. In doing so, we aim at learning how vocational rehabilitation is done in active welfare states and what the consequences of these ways of doing are.

We spoke with 45 clients about their lives and the vocational rehabilitation programmes they participated in. In order to collect an in-depth narrative, the interviewer (first author) spoke with most clients two to three times. By telling their life stories, clients spoke about important life events and how they dealt with that, they expressed in words what it meant to become work disabled, and shared their experiences with vocational rehabilitation in relation to the rest of their lives. It were often moving stories that clearly demonstrated that vocational rehabilitation practices are not isolated events, but get meaning throughout the context of a life story. Those stories gave us insight in how clients do vocational rehabilitation in the context of their daily lives and provided clues for more inclusive vocational rehabilitation support (van Hal et al., 2009; 2012a; 2012b).

As clients do not do vocational rehabilitation on their own and are supported by vocational rehabilitation professionals to help them in returning to work, we interviewed fourteen professionals in depth. Stories about professional practices can teach us how vocational rehabilitation is performed. We spoke with vocational rehabilitation professional about how they experienced their work. Professionals were invited to explain how they place clients at their vocational rehabilitation agency, how they experience intake procedures, what they expect from clients during vocational rehabilitation and how they decide what kind of support clients need.

Professional work is largely based on 'tacit knowledge' (Polanyi, 1967). Explicating what professional work entails is therefore not easy. Professional practices get meaning in a specific context. General descriptions do not give insight in these practices. For instance, vocational rehabilitation professionals generally support clients. But what exactly is supportive? This greatly depends on the professional concerned and the situation of the client concerned. For that reason we asked for practical examples of rehabilitation paths that were successful according to professionals, and examples of those that were not.

For a differentiated understanding of the professional support, we selected a varied group of vocational rehabilitation professionals. Having a varied group of respondents, our study reflects variation that does exist in professional practices. It is especially this variety of experiences we can learn from. The interviewed professionals varied regarding gender, disciplinary background, length of work experience in this sector, and work setting. We spoke with rehabilitation professionals from private rehabilitation agencies. Seven rehabilitation professionals worked at medium-sized to large, nationally operating agencies. Four professionals worked at small, locally operated agencies. Three professionals worked as freelancers. Of the fourteen interviews, all but one were conducted at the professional's place of employment and lasted about one-and-a-half hour. A topic list with open questions was used. Audio recordings were made of eleven interviews. These recordings were transcribed verbatim in Dutch. Due to practical reasons, during three interviews only notes

were taken. These notes were written out after the completion of the interviews. All fourteen interviews are included in the analysis. Translated excerpts, edited for readability, are featured in this paper.

For this particular paper we analysed stories of vocational rehabilitation professionals. We started our analysis by close reading of the interview transcripts and notes with the question in mind how professionals speak about distribution of responsibilities. How do professionals describe their own roles and responsibilities? What do they expect from clients? These analytical questions derived from our theoretical approach that focusses on the interaction between professionals and clients.

This close reading made us sensitive to meaningful themes in professional stories, namely: start of the vocational rehabilitation path; relation between professional and client; interpretation of client's behaviour; understanding of professional support. Our analysis confronted us with differences in the meaning that professionals attached to aforementioned themes. Meaningful quotations showed that behaviour of clients was interpreted differently and that responsibilities were distributed in varied ways. In our research group we tried to make sense of those differences. Discussing meaningful quotations, we concluded that differences in distribution of responsibilities are connected to the goals that professional set during the vocational rehabilitation path and to the ways success of the path is judged.

We went back to our interview material and checked the ways professionals set goals and judge success in relation to distribution of responsibilities. By comparing and contrasting interview fragments we distinguished two different work methods. There is a tendency of relating responsibilities directly to the achievement of the final goal of labour participation. Another tendency that we recognized is a constant balancing of responsibilities in relation to the process of vocational rehabilitation. In this article we discuss these work methods. We describe what elements in professional work contribute to different distributions of responsibility, resulting in different understanding of client (un)motivation. We defined these work methods as (1) Professional as a Signpost and (2) Professional as a Personal Guide.

4.4 **Professional as a Signpost**

4.4.1 **A good start is the whole battle**

Some of the rehabilitation professionals depart from the idea that at the outset of the path, a road has been laid out for each client in the direction of vocational rehabilitation. We call this work method 'Professional as a Signpost'. In this work method, professionals use a first conversation with a client in order to determine the route. In the following quotes, professionals explain how they start working in this first conversation.

I always let them tell me their story first; I let them tell me where they think that they get stuck and why it does not work, in order to filter instruments based on that. Look, of course at first a candidate does not exactly know which products you have to offer. For the most part, it will depend on your knowledge and skill in order to propose the right plan. [professional 3]

In any case, you try to identify if someone is very motivated, for example, and what was someone's obstacle in the past. Did that have to do with a personal factor, or was that an external factor, you know, that is the type of information that you are collecting, and uh, yeah, then a clear direction is found that you will apply together. [professional 10]

What the quotes above illustrate is that professionals claim to be able to determine the right path for the client concerned based on their knowledge and expertise. Once this path has been established, according to these professionals, a client must then take this path. This work method implies that most of the professional's effort is at the start of the vocational rehabilitation path. The path must be laid out and it must be made clear to client as to what is expected of him or her on this path. As explained in the quote below, these expectations are related to rehabilitation in the labour market.

A vocational rehabilitation plan in which you sort of, give advice about what is necessary for the person concerned to be guided towards the labour market, as that is the end goal. I mean, in most cases, that is the end goal of the path. And that can be supported by a number of strengthening instruments. [professional 10]

In this work method, the vocational rehabilitation path is formed based on the first conversation between professional and client. The professional writes this down in a rehabilitation plan. Once the expectations of a client are outlined, then for these professionals it seems as if the bulk of the work has been completed. As a rehabilitation professional expressed, *'if you invest time in the preliminary path, then the rest happens by itself.'* [professional 14]. The analysis above shows that, for these professionals, a successful start is an important condition for a 'working' path.

4.4.2 **Resistance does not work**

From the professional's perspective, an important intermediary goal in this work method is that clients cooperate from the beginning in order for the path to be successful. Clients are expected to commit to the goals that the rehabilitation professional puts forward. According to these professionals, it seems that in practice these expectations are sometimes not fulfilled. In that case, these professionals often do not work with the client concerned, as is illustrated in the following quote.

> *But at the moment that someone cannot forget about it [when their career choice does not coincide with the rehabilitation professional's assessment], yeah, then they do not choose you. Then, you do not embark on the path with someone like that. So yeah, it all depends on the clear outline of expectations at the beginning of the path.* [professional 3]

What becomes clear in the aforementioned quote is the way in which these professionals deal with clients that cannot see themselves in the professional's plan. At such moments, the professional's plan is not up for discussion, but the focus is on the client. A client's dedication or sense of reality is questioned. It is thus deemed important that a client agrees with the path as the professional imagines it. In the quote below it is expressed as follows:

> *So, yeah, then, basically, the client does not have to agree with it, but if you want the path to be successful, you will have to agree. Then, you have to at least find a workable form, otherwise you will immediately get a lot of resistance, and that doesn't work.* [professional 4]

As the quoted professional above also indicates, resistance is experienced as a frustrating circumstance. According to these professionals, resistance distracts from the path's end goal: vocational rehabilitation. Possible resistance from clients is perceived as unproductive and that it must be prevented as much as possible. Resistance is not explored any further, but it is to be kept under control or changed as far as possible. Professionals especially see it as their task to get and keep a client on the 'right track'.

4.4.3 **The steering professional**

The way in which professionals speak of the expectations they have of their clients within this work method, mirrors their own role on this path. Namely, that of the steering professional, as it is the professional who determines which is the best path for a client. A client's input is appreciated, but the professional decides if the input is realistic and thus fits in the path. Especially in the case of clients who have a personal rehabilitation budget (IRO) the tension between 'their own input' and 'professional sense of reality' is felt. This tension is identified in the quote below:

> *That means that someone has a very different position [with an IRO], because uh he is here because he chose you and that means that you uh may be realistic in an informative talk but, on the other hand, you of course also try to sell an IRO. Eh, sometimes that means that a candidate has the feeling 'I chose you guys so then I decide what happens in the path'. Then, sometimes reality is forgotten by the candidate. During that informative talk, we already advise that it must be feasible, that it has to be realistic, and that it must be in demand on the labour market.* [professional 3]

If the path has already started and if a client does not allow being sent in the right direction, as a last resort, the professional can write a negative report about a client and (threaten to) send it to the Dutch Social Insurance Institute. For a client, this means that his/her social security can be deducted. In the following quote, a professional describes in which case she reports to the Dutch Social Insurance Institute.

> *What makes it difficult for me is that along the way you notice that you suggest vacancies a number of times, which you think that they fit perfectly with a candidate's capacities and qualities. In my eyes, it is not even a job that you think, well, it is an unacceptable offer. Then, uh yeah, that a candidate then says, 'I uh no, won't do that'. […] And that happens repeatedly, yes, that is frustrating because that impedes you from achieving the goal of the path. Uh, of course that is something that you bring up but uh when that happens often, of course you report that to the employment insurance office.* [professional 3]

As mentioned, professionals see it as their responsibility to steer clients. However, the responsibility to (want to) follow the path, is in their eyes, mostly a client's responsibility.

> *[…] that people have the idea that you are going to do it for them. But of course it does not work like that, you know, there is a shared responsibility. […] Therefore, there are expectations surrounding the candidate's self-reliance. Yes.* [professional 3]

> *The most important thing is to motivate the people, most of them come here and think that this is just a fancy employment agency, I will get a job today, and off to work I go. But I tell them immediately that this is not the case, because they have to work in order to find work. I mean, I want to do something, but they have to do it themselves too, you know…* [professional 2]

In the quotes above, professionals illustrate what in their eyes is the 'ideal' division of responsibilities between professional and client. The moment that these roles are not taken on by clients, this can create feelings of powerlessness for the professional.

> Professional: *[…] Uh, the powerlessness that I then experience. Uh, that is another emotion that . . .*
> Interviewer: *What exactly makes you feel this way?*
> Professional: *That your people, that you see, I am on one side of the canal and the other is on the other side, and I keep calling out, 'come jump, because you can do it'. And that people, due to, uh, mostly due to psychological baggage do not dare for some reason.* [professional 14]

In the quote above it becomes clear that pulling on a client does not always work. For many different reasons, clients do not always allow themselves to be directed. Within this work method, the professional is empty-handed in such moments.

4.4.4 **All or nothing**

If clients cannot be directed within this work method, then it ends for the professional. Clients are, according to these professionals, 'directable' if they are open to and capable of developing an attitude and corresponding competencies. As is shown in the quote below, being able to reflect on your own behaviour is seen as an vital competency.

> *I won't say the bulk of my clients, but many clients are stuck in their own patterns. And uh, I think the trick is to break through that. To let them look at their own behaviour, right. Yeah, that is, uh, that their behaviour gives a certain reaction, so that it is not acceptable for an employer, for example.* [professional10]

According to the professionals, if a client lacks the flexibility to adapt to the professional's expectations, then these vocational rehabilitation paths are ended prematurely. In the quote below, a professional speaks about an example of a client that he found difficult to guide.

> *Yeah, [a client that] kind of, likes to preach. And that's allowed. But I think that at the moment that we are talking to each other, an open attitude is necessary. And that man had actually already thought of everything and nothing was congruent, uh, yeah, everything was wrong. So then, I said that uh, 'well I decided not to embark on the path with you'. So then, I cut off the conversation. […] Because I think that will be agonizing, not only for him, but also for us, as we just don't want that, and then I also gave him feedback about that. And uh yeah, you know, some people are very tenacious in their own perception, and that is allowed, but uh, there was very little room available to actively guide that man.* [professional 10]

In the quote above, this professional also indicates that he needs room in order to guide a client. According to professionals, within this work method, this guidance room originates when a client completely wants to go for the path.

> *And if people don't agree with it, and keep obstructing the path along the way, then I end it. […] [For example] the person that was cleaning our building at the time that had to stop working due to back problems, was so angry that you couldn't accomplish anything with him anymore.* [professional 14]

As the quote above shows, clients who are too emotional do not fit into the image of the dedicated client. The work method described here in which the professional defines the path, fits into a dichotomous client image: there are clients who follow the profes-

sional's plan and there are clients that do not. The professional can direct here and there, but if clients do not want to or cannot, then it ends. It is all or nothing, for a client as well as for a professional. A client who is deemed unable to receive guidance, is experienced as a big obstacle for the path's success. The end result—is a client working for at least 6 months?—is the most important criteria to determine if the path has worked. This is also the way in which the Dutch Social Insurance Institute looks at it. It is the end result on which the professional is being judged.

> *Expectations are often created at the UWV [Dutch Social Insurance Institute] that you either go to a rehabilitation agency and they help you find work, which is very simplistic. Yes, of course, that is our final goal, but often there is so much in between, because you often have to process things, or there is illness, which was not accepted, that you have to work with. They have to learn how to apply for a job, networking, they have to be open to the labour market, they have to stop thinking about their limitations and start thinking about their possibilities, that kind of things. Those are often long processes, in which sometimes it works, and sometimes it never works.* [professional 2]

It became apparent in this paragraph, and the quote above clearly illustrates, that professionals have to define the road to employment in a tough terrain. These professionals clearly define the boundaries of their professional responsibility: they define the path for a client and apply their expertise in order to do this as best as they can. Once they embark on the path, a client then has to take over the work. From this perspective, a client who cannot relate to this plan or encounters problems while walking this path, it is not the professional's responsibility.

4.4.5 **The unmotivated client as a way out**

What the analysis presented above shows is that professionals within this work method try to find ways to guide the path towards vocational rehabilitation. Firstly, they do this during the intake, by assessing whether or not vocational rehabilitation seems realistic for the client concerned. Professionals often do not work with clients for which they think that vocational rehabilitation is clearly not feasible. Once the path has started, vocational rehabilitation then becomes the target. Some clients have trouble achieving this goal for one reason or another. In such cases, the professional must make efforts to keep the path going. As is demonstrated in our analysis, the professional does this by creating all kinds of (often implicit) intermediary goals. These intermediary goals, for example, are: 'the client has committed to the professional's goals'; 'the client has formulated a realistic career choice'; 'the client can reflect on his/her own behaviour'; and 'the client is not distracted by emotions'. In this work method, the intermediary goals are strongly related to the expectations that the professional has of a client. When the professional has chosen to work with a client, intermediary goals ensure that

final judgment is postponed in the case of sluggish paths. It is in this way that the intermediary goals offer some leeway for the professional to keep working with a client.

The leeway within this work method is fairly limited. After a certain time, the final result has to be reported to the Dutch Social Insurance Institute. The intermediary goals no longer seem important in that moment. The accountability structure based on the end result eliminates everything that was achieved beforehand. This institutional framework colours the professional's judgment that originates during the path: in the end, the path is either a success or a failure. If the end goal is not achieved, then all the work has been for nothing.

As we saw earlier, within this work method the path or end goal are not up for discussion. At moments like that, a client's motivation is questioned. Due to this construction, the path eventually breaks down due to 'the unmotivated client.' 'The unmotivated client' is an escape for the professional from a binding accountability framework. The professional's expertise always remains intact and no questions are posed about the way in which vocational rehabilitation is organized in the Netherlands.

4.5 Professional as a personal guide

4.5.1 Putting relationship before rehabilitation

In the work method described above—Professional as a Signpost—clients that cannot or will not follow the professional's plan, are eventually brushed aside as 'unmotivated'. From our analysis, a second work method has emerged in which it is not the rehabilitation plan that is the point of departure for the path, but in which the relationship with a client is considered the most important starting point. We named this work method 'Professional as a Personal Guide'. The quote below illustrates how interaction with clients takes shape within this work method.

> *After the first intake I thought, what in God's name do I do with someone who exaggerates so much? She, uh, did not listen during the conversation, you know. She gave her opinion and then vented her feelings but she did not listen to the response, she was only busy with venting, blowing off steam. I've run into that before in rehabilitation paths. Then when you are a few weeks or months further along, that feeling in your gut goes away. Then, they have gotten over their frustrations, because they have been able to talk to you about them. […] So, you have created a personal relationship with those people.* [professional 12]

As the quote above makes clear, a difficult first conversation is for these professionals not a sign of a stagnating path. It offers keystones to form a relationship. These professionals indicate that time and patience are both necessary to build this relationship.

It is […] only about winning trust and such, in the first meeting. [professional 9]

In the eyes of these professionals, the relationship that develops over time is important for a path to work well.

[…] then people can start to develop. If they feel good first, comfortable[…] [professional 7]

Creating a pleasant work atmosphere is not only positive for the relationship with a client, according to the professional below, it also increases the work enjoyment for the professional, as is described in the quote below.

We still try to, and that is an internal policy that we have discussed, to give them a bit more sunshine, so that we as an agency do not become part of the pressure or stress as well. Of course that doesn't mean that we have to let them walk all over us, but it does give them just a bit more help so that they can enjoy coming to see us, and that we also have the feeling, 'hey that client is coming'. [professional 9]

According to the professionals, within this work method it is important that a relationship is created so that a client can personally develop. Entering this relationship and creating a safe environment are—especially at first—the most important goals within this work method.

The empathetic professional Entering and maintaining a relationship is a continual process for these professionals. Forging and maintaining this relationship is up to the professional. Life experience and social-emotional skills are necessary in order to forge a relationship with a client, according to these professionals. Their professional expertise is partially based on the ability to empathize, as the quotes below illustrates.

Just a bit of life experience, actually, experience expertise […]. And that is nice for the clients, you know, at the moment that you put a twentythree year old girl there, that has finished a degree, or an experienced expert who has a whole backpack, that knows what you are talking about, I think, and you notice that with the clients, it gives a feeling of security […]. 'Finally someone who listens to me, finally someone who understands me'. [professional 8]

Being on the same emotional page as the candidate, and to not think, well that's not a problem. No, for that person it is indeed a problem. It is very important that people feel that they are being taken seriously. [professional 7]

Within this work method, professionals pay a lot of attention to the emotional life of clients. They try to channelize the emotions of clients by their conversational skills and empathetic capacity. From this 'normalised behaviour' they stay on board with a client. Motivation is not understood by these professionals as a client's will to follow the voca-

tional rehabilitation path according to plan. Motivation is seen as a relational concept: a workable situation that originates in the contact between professional and client. This vision is expressed in the following quote:

> *I have not come across anyone who is intrinsically unmotivated. There are people who do not feel heard and who have lost their sense of trust. That motivation is found among the Dutch Social Insurance Institute and the coaches.* [professional 5]

Unmotivation, from this point of view, cannot be a client's characteristic. Creating a motivating guidance situation is seen as the professional's responsibility. These professionals also find that they are not in the position to report to the Dutch Social Insurance Institute or municipality that a client is 'unmotivated'.

> *If it is a motivated client but they lack self-esteem, I of course cannot report and say, yeah, you are right, there is no motivation. Then, argue what the cause is, what the vocational expert based that on, and that the motivation is there, only it is expressed by the Dutch Social Insurance Institute more as [indifferent because people are afraid].* [professional 9]

> *I actually don't report that they don't want to, I don't feel that is my task […] I don't feel that it is my responsibility. I can only say the reason that they do not fit into that project.* [professional 13]

These professionals do not express a judgment of a client. Instead, they judge the situation in which clients find themselves. This principle is discussed further in the next paragraph.

4.5.2 **Client as a standard**

For the professionals who see it as their task to build a good relationship with clients, vocational rehabilitation is not the priority. For them, it is the most important that a client receives what he or she needs to develop personally. The following quotes illustrate this approach.

> *There was a woman with a brain haemorrhage who really wanted to work, but her health didn't allow her to. I sent her to a psychiatrist. Sometimes that is what you achieve, no job placement, but a step in personal growth.* [professional 4]

> *Someone who needs a psychiatric path or a psychological path or whatever the case may be, and somehow wants to return to work at all costs, while you see that it is not realistic. That is, not a good way of um, working. That will only lead to frustrations for both parties.* [professional 9]

The reader might think after reading the previous quotes, 'Wait a minute, in the situations mentioned above the medical condition of a client has a determining role. The choices made have little to do with a specific work method of the professional.' If we examine the examples, we do see that, in the first quote, the choice to end the path receives meaning in the light of a client's personal growth. In the second quote, we see that the end goal is up for discussion, not the client. The professional indicates that the path is not suitable. In both cases, the professional takes a client as the standard in order to question the path.

By focussing on building a relationship, the borders of the professional domain are unclear. What is included in the professional responsibility of the rehabilitation professional and what is not included? When is it necessary to work harder on the relationship and when can one speak of psychiatric problems? These definitions do not seem to depend on the specific situation of a client, but much more on the manner in which the professional defines his or her expertise. As the quote below demonstrates, some professionals do not clearly define their terrain and fulfil several roles in the path:

> *At a given moment, you feel that, but then you think, I am no longer a rehabilitation consultant, I am an intermediary right now, I am a psychologist in disguise, at this moment I am a counsellor in disguise, or a debt consolidation indicator. So, at a certain moment, you have to be able to fill the roles all the time, but never forget what is most important. And that is the sick employee who needs help. He has to get going again. [professional 9]*

Other professionals define themselves more clearly as a service provider and leave the (psychological, social, financial, medical) assistance up to other institutions:

> *That's what we are for, to look for work, and we are not here to apply a whole health care path. No, then you are involved in other activities, of which I do not know about, I am honest about that. And I do not want that either. [professional 7]*

Characteristic for this work method is that clients are not problematised when their returning to work does not seem possible. Instead, the appropriateness of the end goal of vocational rehabilitation or the expertise of the professional is up for discussion. This type of interpretation of the path's course actually makes the path infallible. Professionals indicate that almost everything can be worked on during the path. If it does not work out, then these professionals take a step back and refer a client to a social worker or psychiatrist.

4.5.3 **The path as a goal**

In the work method 'Professional as a Signpost,' we saw that professionals try to find a way out of the accountability framework in stagnating paths, by naming a client unmo-

tivated. In the work method 'Professional as a Personal Guide' something else occurs. Within this work method, the development of a client is the point of reference. With this, the end goal of vocational rehabilitation does not hang like a shadow over the path. Professionals create room to interact with clients, develop goals and, if necessary, adjust them, during the course of the path.

The goals that originate during these paths are in the eyes of these professionals not intermediary goals but rather goals in themselves. Within this work method, working on these goals is seen as valuable. It concerns issues such as: self-esteem, dealing with emotions, organizing your life and forging social contacts. The goals attained are explicitly named achievements by these professionals. It is in this way that a successful path develops as it progresses and the judgment about the success of the path does not only depend on achieving the end goal.

By making explicit the goals that originate *during* the path, these professionals question the accountability framework in which they work, and in which clients have to return to work. In this work method, it is not only the end goal that counts. From this vision, there is room to work with clients on issues that are important to them. Working on those goals, according to these professionals, gives the path a reason for being. This type of interpretation gives professionals a way out of the 'binding' institutional framework without having to label clients as unmotivated.

4.6 A sociological perspective on motivation

From a sociological perspective, we have analysed how motivation is given meaning in the interaction between professional and client within the context of vocational rehabilitation in the Netherlands. In this article, motivation is perceived as a *judgment* that almost inevitably arises during the rehabilitation path. We have distinguished two specific work methods in which this judgment takes shapes in various ways, namely 'Professional as a Signpost' and 'Professional as a Personal Guide'. In these work methods, professionals differ in defining their own expertise and responsibilities and in their expectations of clients. Both work methods vary in the interpretation of clients' behaviour, the goals that are set during the course of the path, and the interpretation of the institutional accountability framework.

In the work method 'Professional as a Signpost' there are clear expectations of a client's dedication and initiatives, and a client is expected to fulfil them. At the same time, professionals experience strong institutional and organizational pressure for the rehabilitation path to succeed. This accumulation of expectations ensures that the final judgment is always present in the background. If a path's progress is troublesome, it is not yet necessary to reach the conclusion that the client does not fulfil the expectations; rather, the professional defines intermediary goals that do have to be achieved. In this manner, the final judgment is postponed for a bit. Finally, the result—returning

or not returning to the labour market—determines whether the path was successful. The moment a client does not fulfil the expectations, and the institutional goals have not been achieved, following the logic of this work method, the professional can only blame the client for the failure. The professional has done his/her best but, unfortunately, the client's lack of motivation prevented the work from achieving the desired result.

In the work method 'Professional as a Personal Guide' the focus is primarily on a client's personal development and a client is taken as the point of departure in formulating goals and expectations for the rehabilitation path. By not taking the institutional goal of vocational rehabilitation as the point of departure, these professionals put the institutional accountability framework up for discussion. This gives them some room to not dismiss clients on a possible negative result. It is in this way that a path can be defined as 'successful', independent of the fact of whether a client will eventually be employed in the long term.

In the analysis, we mainly focussed on the paths that were troublesome according to professionals; therefore, the classification above gives an imbalanced impression. It appears as if the first work method mostly leads to conflicts between professionals and clients and that the second work method leads to less successful vocational rehabilitation. That is not the case. The professionals that work as 'signposts' have clients with whom their interaction is smooth. The professionals, who work as 'personal guides', manage to place clients on the labour market. When there is no friction, it is judged by professionals that it concerns a 'motivated client': a client that lives up to all the expectations. These paths progress 'by themselves' because professionals and clients largely have a shared perspective. In the paths that are less matter-of-fact, the professional has to make more efforts. Especially those efforts give insight into how both professional approaches construct motivation differently.

Both professional work methods have been developed in the institutional context of vocational rehabilitation in the Netherlands. The way in which this institutional domain is organized—with its focus on effectiveness, result obligations, and financial accountability—forms a specific public accountability framework. Achieving or not achieving the goal of rehabilitation determines whether the path is worth it. The success of the rehabilitation paths is measured according to the percentage of participants that achieve sustainable employment. This means that, eventually, a path is either a success or a failure. No other options are possible. 'Good professional work' is defined within a dichotomous framework: the professional either does his/her job well or does it poorly. This public accountability structure causes the professional to look for ways out of rehabilitation paths that do not progress on their own and that do not achieve success easily while they do their best and deliver good, professional work. The construction of 'the unmotivated client' is such a way out.

As our analysis shows, the ultimate goal of labour participation is not always at the forefront in practice. Professionals create intermediary goals that determine how suc-

cessfully a path unfolds. In the current accountability structure, these intermediary goals are not valued. The focus on the final result of the vocational rehabilitation path does not allow for attention to be paid to the efforts made by both clients and professionals on such paths. A lot of 'good professional work' is, therefore, made invisible.

By defining a client after a troublesome path as 'unmotivated', within the work method 'Professional as a Signpost', a professional-existential crisis can be prevented. Still, professional as well as client remain dissatisfied: neither of them has been successful. The work method 'Professional as a Personal Guide', in contrast, offers toeholds in order to think less dichotomously about success and failure and to increase the professional's leeway (or discretionary space). Since this work method departs from the needs, desires, and competencies of clients, differences between people and the differentiation of rehabilitation processes and participation are valued more. By making visible what is achieved in a path, the professionals within this work method offer different criteria for evaluating the path. In the Netherlands, the 'participation ladder' was recently developed (Participatieladder, 2011), which is a measuring instrument that can be used to establish the rate of participation of an individual in society. This ladder is made up of six steps that run from 'isolated' to 'social contacts outside the home' to 'participation in organized activities' to 'unpaid work', to 'paid work with support', and finally ends with 'paid work'.

By naming the different steps on the participation ladder, intermediary goals are made explicit. Within the accountability structure of the Dutch Social Insurance Institute, only the last step counts. Efforts made by a professional and a client in order to get from 'isolated' to 'unpaid work' does not get any 'credit' within the current rehabilitation sector. In the work method of the 'Professional as a Personal Guide,' the criteria are given meaning in relation to the life of the client concerned. Even if the policy goal of labour participation is not achieved, 'good professional work' can be accomplished. Since a client is supported in participating in society in a useful and feasible manner, a client does not have to be defined as 'unmotivated'. By naming the successes of a rehabilitation path, and sharing experiences, professionals can learn from each other. In this dialogue, the feasibility of the ultimate goal of vocational rehabilitation can be discussed and a more differentiated understanding of participation can ensue. There is no gold standard for ideal or optimal participation, as Hammel and colleagues (Hammel et al., 2008) concluded in their study on the perspectives of people with disabilities on participation. Therefore, continuing reflection on the meaning of participation is needed. Naming the intermediary goals that have been achieved can also be of importance to clients. The evaluation of success from the perspective of the ultimate goal leads to clients in difficult paths being constructed as 'failures' and 'difficult cases.' This negative positioning can block further participation in society. Paying attention to the intermediary goals that have been achieved gives a more balanced view of what can be achieved in a rehabilitation path. This gives toeholds for naming strengths and abilities of clients. This approach gives a different twist to current activation policies.

This sociological analysis of motivation in vocational rehabilitation paths has illustrated that professional work methods, as well as the institutional frameworks in which that takes place and the public accountability style of vocational rehabilitation, are caught in a paradox: by emphasizing labour participation, abilities of citizens and professionals are made invisible. By articulating the work that is performed by clients and professionals during rehabilitation paths, our analysis offers keystones to move away from this paradox.

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CHAPTER 5

Disembodied abilities:
Sick role and participation in 'activating' return-to-work practices

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5.1 **Introduction**

Activation is considered a key principle in contemporary reforms of European and Anglophone welfare systems (Bonvin, 2008; Borghi & van Berkel, 2007). In the field of social security policies, activation is often understood as 'encouraging participation in the workforce' which should eventually lead to a reduction of social exclusion and a strengthening of the income position of those on benefits by supporting them to return to work (OECD, 2007, p. 5). Labour participation is considered to be good and healthy for individuals and perceived as a means to include people in an individualizing society. From a social policy perspective, labour participation can thus be considered as the main goal of an activating social security system. According to the Organisation for Economic Co-operation and Development (OECD, 2007, 6) 'the social security system is designed to foster long-term employment. This requires an incentive structure that promotes participation'. Consequently, labour participation is increasingly regarded a vital contribution to society's well-being. A second reason for the focus on labour participation is financial: labour participation diminishes the expenditures of the system and increases the receipts.

In so called 'active welfare states', labour participation is regarded essential for being part of and contributing to society (Holmqvist, 2010; OECD, 2007). The normative interpretation of activation as performing paid work has consequences for expectations, rights and duties of citizens. For people with disabilities, this signified a shift in attention from income substitution to labour participation. Being disabled is no longer regarded an unconditional legitimation for disability benefits. In the striving for an increase in labour participation, not 'disabilities', but 'abilities' are put centre stage in disability legislation and vocational rehabilitation programmes (MacEachen et al., 2012). In this article we explore what this change in focus means in practice. We do this by investigating tensions experienced by clients (as they are called in the Netherlands) and professionals that are part of vocational rehabilitation practices that aim at facilitating return-to-work for people with disabilities.

This paper on changing notions on (dis)ability and participation is part of a larger qualitative research project in which we explore how vocational rehabilitation works in practice. Our focus on practices of vocational rehabilitation is inspired by scholars of Science and Technology Studies (STS).

Research in the field of STS demonstrates that it is fruitful to study professional work by focussing not on concepts and ideals, but on the capricious practices in which those concepts are applied and made tangible (see e.g. the work of Mol, Moser & Pols, 2010). Attention for 'practice' is valuable since practices are not direct reflections of theories or policies, but have their own dynamics and logics, which determine what problems should be addressed by professionals and how (Struhkamp, 2004; Mol, 2008). Therefore, in this article we focus on the question how activation policies are 'done' in vocational rehabilitation practices.

Sociological research on professional practices (e.g. Mol, 2008; Meershoek, Krumeich & Vos, 2011) shows that professional practices have a normative dimension. The logic of professional work methods and techniques is not neutral, but rather embodies certain norms and values. Professional methodologies and instruments contain, often implicit, expectations of clients that have concrete consequences for the way in which clients are approached and for the relationship between professional and client. In different health care practices, research has been conducted concerning the logic of professional practices and the consequences thereof. STS research for example demonstrates that in physical rehabilitation practice patients are expected to choose their goals themselves. In practice, this expectation appears to be undesirable, unviable, or unrealistic (Struhkamp, 2004). Mol (2008) demonstrates that a 'logic of choice' prevails in other practices as well. In diabetes care, diabetics are primarily seen as independent, active, rational, and individual patients, who are able to choose the best therapeutic options. These specific expectations regarding patient choice lead to the situation that attention for 'good care' is easily forgotten.

In a similar way methodologies and techniques of vocational rehabilitation professionals are bound to expectations about how vocational rehabilitation processes should occur. E.g. empowering clients is considered a solution for un(der)employment (de Koning, 2008). In order to foster empowerment, clients are expected to take part in vocational rehabilitation paths autonomously, reflect on their vocational rehabilitation process and fully work towards the goal of labour participation. However, these expectations often do not appear to coincide with clients' situations and attitudes towards their specific rehabilitation process (van Hal et al., 2012). When clients do not fulfil these implicit expectations, it becomes difficult for many professionals to work with those clients. Conflicts and the associated risks of stagnation of the vocational rehabilitation process lie in wait (Meershoek et al., 2011).

Drawing on aforementioned sociological insights, in this paper we will explore implicit norms in vocational rehabilitation practices of people with disabilities. Storied experiences of clients and professionals are studied to analyse practical consequences of the policy shift towards activation in the Netherlands.

5.2 From social welfare states towards active welfare states

In most welfare states, income security as main aim has been replaced by a focus on labour participation. The reform of Dutch disability schemes is part of this international dynamic towards 'activation' in which social policies are increasingly aiming at promoting participation of people dependent on unemployment benefits or social assistance in work (Van Berkel & Borghi, 2008). Although the form and execution of activation policies and programmes may differ between countries, the driving principles are the very

same. All tend to redistribute responsibility towards the individual (Bonvin, 2008) and to introduce market mechanisms in the social security system (OECD, 2007).

This policy reform implies a shift in the social meaning of illness and disability. The logic of former social security systems that focussed on income compensation is based on the idea that people who are sick are temporary expelled from societal obligations in order to recover. In his analysis of 'the social system' (1951), Parsons described this social function of illness in terms of the concept of 'sick role'. In his theory, 'being sick' is not only considered an escape from social roles that people normally perform, but is in itself a social role, that comes with rights and duties. While a sick person cannot be blamed for being ill and is temporarily exempted from (some) obligations that were part of a person's life before illness, this person should perceive illness as an unwanted condition and is obliged to seek professional help in order to recover as soon as possible. After recovery, it is expected that former roles and obligations will be resumed.

Parsons' concept of the sick role is criticised, among other things, for neglecting patients' perspectives and for constructing passive patients (Frank, 1995). Although it is problematic to leave individual perspectives and agency out of scope (as we will discuss below), it can be argued that Parsons' main analytical focus was the *functioning of the social infrastructure* of welfare states. With his description of the sick role, he demonstrated that it was (medically) legitimized to be unable to work. Being (temporarily) disabled did not conflict with citizen duties, as long as the sick person puts efforts to recover. Although this assumption is problematic in case of chronic disabilities, the point we want to stress here is that in Parsons' sick role it is acknowledged that people can (temporarily) be 'unable' to perform societal obligations. 'Traditional' social welfare states were constituted on this postulate and this logic constituted expectations towards sick persons.

The assumption that sick people eventually get well and return to their normal obligations is a vital condition of the social contract that the sick role entails. In his analysis, Frank (1995) stresses that Parsons' 'restitution' logic in which illness is perceived as an interruption of normal life is not adequate. People may return, but their obligations will never again be what used to be normal. Parsons' analysis does not present suitable norms for people living with chronic illnesses (Williams, 2005).

Criteria for legitimizing a person's disability have been profoundly altered. The rights connected to the sick role are not that self-evident anymore in active welfare states. This change in social security systems reflects new norms of citizenship that imply that people should contribute to society by means of paid labour. In line with this, in activation policies disability is understood in terms of—probably limited, but still—*abilities* related to labour participation. In this activation paradigm a person's situation is interpreted by norms of employability and little attention is paid to what consequences disabilities may have in daily life.

Notwithstanding aforementioned shift, the concept of sick role continues to remain important in nowadays society (see also Williams, 2005). Burnham (2012) concludes

that the sick role still is an enabling concept, since it is a reminder that the way any society constructs social responses to illness and disability 'tellingly reveals the fundamental processes at work in that society' (p. 15). For example, in her study on experiences of Norwegian chronic back pain sufferers, Glenton (2003) argues that the sick role concept 'still' constitutes social obligations and expectations. Her analysis demonstrates how back pain sufferers 'try to fit in the system by striving to live up to the expectations of the sick role.' (p. 2249). Glenton shows how the logic of the sick role continues to be important for dealing with disabilities, thereby creating ambivalences in the realisation of active welfare states. In this paper we therefore use Parsons' sick role as a sensitising concept to analyse how activation policies are done in concrete vocational rehabilitation practices.

5.3 **Vocational rehabilitation in the Netherlands**

A variety of vocational rehabilitation agencies are dedicated to guiding individuals in acquiring employment in the Netherlands. There are large, nationally operating vocational rehabilitation agencies with several branches, regional agencies and individual freelancers. They all deal with a wide range of people: people with mental, physical, and other types of disabilities; the long-term unemployed; the low and highly educated. These people end up at vocational rehabilitation agencies via different routes. It could be an investment made by the Dutch Social Insurance Institute (UWV), referrals from municipalities, and individuals with a personal vocational rehabilitation budget (IRO) that select a particular vocational rehabilitation agency themselves. Usually, after a client is assigned the agency receives one part of the estimated costs of the vocational rehabilitation path, and only after the client has found sustainable paid work—i.e. signed a contract for at least six months—the agency receives the rest of the budget: no cure, less pay.

Agencies have developed different ways of guiding their clients in acquiring employment. At some agencies clients are present 40 hours a week and practice different skills within the work division of the vocational rehabilitation agency. Most agencies focus on weekly group training sessions, especially concerning the job application procedure or on individual dialogues. Those paths mostly exist of cognitive activities like talking and writing ('learn by thinking') and less of embodied activities in which clients can experience how it is to work again ('learn by doing') (van Hal, Meershoek, Nijhuis & Horstman, 2012).

5.4 **Methodology**

To explore how activation policies work out in vocational rehabilitation practices and to make its consequences visible, we studied stories that clients and professionals told about daily experiences with disability, vocational rehabilitation and (labour) participation. Although stories do not literally reflect what has happened, they give insight in normative dimensions of practices.

With our focus on stories we join a large and diverse body of narrative research. Within disciplines there is a variety of strands that approach narrative differently. A common factor, however, is that narratives are understood as *social creations* that reflect norms and of the society people live in. In other words: 'people are born into a culture that has ready a stock of narratives from which they draw upon, appropriate, adapt apply and perform in their everyday social interaction' (Smith and Sparkes, 2008, p. 18). Stories do therefore not only give insight in how storytellers interpret the world and experience to live in it, but also tell a lot about the society in which a story is made and told. In our research project we use stories to get insight in normative expectations that are embedded in vocational rehabilitation practices.

5.4.1 **Data collection**

We spoke with 45 clients of vocational rehabilitation programmes about their lives. The Dutch Social Insurance Institute (UWV) sent a letter to two cohorts of their clients to invite them to participate in this study. Respondents could sign up by filling in a registration form addressed to the first author of this study, who subsequently gave them more detailed information. Written informed consent was obtained. Ethical approval was not required.

All respondents had been receiving a disability benefit for a continuous period of at least three years, had undergone a disability reassessment and had entered a vocational rehabilitation programme in 2006 or 2007: the activation policies and working methods of vocational rehabilitation are still operative. From spring 2007 to summer 2008, the interviewer (first author) spoke with most clients two to three times with intervals of six months. The interviews took place at the respondents' homes and lasted between 40 minutes and two hours. All interviews were recorded and transcribed verbatim.

Although respondents were aware of the reason for the interviews, the interviewer did not explicitly refer to this during the interviews in order to create an open atmosphere. In the first interview, the interviewer invited respondents to talk about their lives by asking: 'How did you grow up?' We purposively started to ask about the past in order to gain more insight in the life course of respondents and their ways of speaking about it. This contextual information is important to interpret experiences with vocational rehabilitation. During the rest of the interviews the respondents could decide

themselves what was important to narrate in relation to their life and vocational rehabilitation. Additionally, the interviewer had associated themes in mind to address whether these were not mentioned by the respondent (such as: health situation, social life, experiences with vocational rehabilitation). The research team had weekly meetings to reflect on interview experiences, to indentify biases and blind spots and to slightly adjust the approach when needed.

In order to collect a broad range of stories and to avoid one-sided representations, we selected a varied group of clients. Fourteen men and thirty-one women were interviewed (this gender division resembles the proportion of men and women that got a reassessment). Their age varied from 24 to 47 years. Most respondents considered themselves chronically ill. Major reasons for having received a disability benefit were mental illness and muscolesketal problems. Some respondents performed paid labour, others were unemployed during the interviews. By telling their life stories, clients spoke about important life events and how they dealt with that, they explained what it meant to become disabled, and what vocational rehabilitation contributed to their current situation. This resulted in moving stories that clearly demonstrated that vocational rehabilitation practices are not isolated events, but get meaning throughout the context of a life story. This insight in how clients do vocational rehabilitation in the context of their daily lives provides clues to improve vocational rehabilitation support.

To get insight in how vocational rehabilitation is performed, we did in-depth interviews with fourteen vocational rehabilitation professionals. We spoke with them about how they experienced their work, how they place clients at their vocational rehabilitation agency, how they experience intake procedures, what they expect from clients during vocational rehabilitation and how they decide what kind of support clients need.

We selected a varied group of vocational rehabilitation professionals. Having a varied group of respondents, our study reflects variation that does exist in professional practices. The interviewed professionals varied regarding gender, disciplinary background, length of work experience, and work setting. A topic list with open questions was used. The average length of the interviews was one hour. Audio recordings were made of eleven interviews. These recordings were transcribed verbatim. Due to practical reasons, during three interviews only notes were taken. All fourteen interviews are included in the analysis.

5.4.2 **Analysis**

For this particular paper we started to analyse stories of clients. We began with close reading of the interview transcripts with the following question in mind: what tensions do people with disabilities experience in vocational rehabilitation programmes that focus on abilities? In tensions it becomes manifest where clients' expectations of vocational rehabilitation support conflict with vocational rehabilitation services that are offered. Moreover, articulation of unfulfiled expectations makes normative assump-

tions embedded in professional practices visible. As long as things runs smoothly, expectations of clients on how to behave—implicit norms of vocational rehabilitation practices—remain invisible. It is in tensions—in 'clashes of logics'—that embedded norms become apparent. Selective reading made us sensitive to relevant interview fragments that we subsequently organised according to themes. These themes derived from the ways in which respondents spoke about illness, disabilities, organisation of daily life, uncertainties, expectations within vocational rehabilitation paths and experiences with labour participation.

In the second phase, we identified patterns within the themes based on the areas of tension that were described in order to explicate the normative logic of vocational rehabilitation practices. We distinguished three meaningful areas of tension related to: (1) will power and dis/ability (2) stability and dis/ability (3) employability and dis/ability. Subsequently we analysed to what extent aforementioned tensions (as experienced by clients) are recognizable in stories vocational rehabilitation professionals told about their professional practices. Finally we analysed to what extent these tensions reflect a transformation of vocational rehabilitation practices.

5.5 **Results**

In active welfare states people who are considered partially disabled are expected to maximize their capacity for work. Within vocational rehabilitation programmes they are supported to mobilize their abilities to participate at the labour market. In our research, clients expressed an overall tension of being considered employable while having a disability to deal with. In this result section we present three tensions in vocational rehabilitation practices and discuss its consequences.

5.5.1 **Will, but no way**

Henk worked for over seventeen years as a house painter. During work, he fell off a ladder and shattered both heel bones. After an intense period of physical rehabilitation, Henk was able to walk again. However, he is not able to stand or walk for long times. As a result of his disability assessment, a vocational expert of the UWV told him: *'Well, being a painter won't work out anymore. We subscribe you for a vocational rehabilitation agency. There you can start discovering what you are able to do.'*

This sounds promising: 'discovering what you are able to do'. However, in the six years after his accident Henk participated in five vocational rehabilitation programmes and did not return to work. As expressed by Henk's vocational expert, an important reason to start vocational rehabilitation was to find out about his abilities in relation to labour participation. In practice, every new vocational rehabilitation programme that Henk entered, started to discuss possible job options.

> *Well, [I was asked] 'Where do your interests lie, and what do you like most? Do you prefer this or that?' […] At a certain moment, you are filling out a test and you already know were your interests lie. […] They also ask you, 'What do you want to do?' Well, I would want this and that. 'Well, then we will go that way'.*

Henk's story shows, as is supported by other stories, that client's vocational interests are explored in order to determine possible job options. This exploration is done by thinking and talking. Henk was asked *'What do you like most?'* These kind of general questions are often asked in daily vocational rehabilitation practice. It is expected that clients can name their vocational preferences irrespective of the context in which those preferences take place.

Henk articulated in the former quotation that his (vocational) interests determine the direction of the vocational rehabilitation path: *'What do you want to do? Well, then we will go that way.'* His case illustrates how in this activation logic, return-to-work is approached as a cognitive activity. Decontextualised thoughts about preferences seem to be prioritised over concrete experiences with working with dis/abilities. Affinities and former job roles are thus discussed on a general level. Henk compellingly articulated that a general focus on vocational interests did not work for him:

> *And then it turns out…every time it is not feasible. Between my abilities and my will, well…there is a difference. They say, 'where there is a will, there is a way'. I just want to paint, but that is just not possible.*

What is happening here? The exploration of abilities ('What are you able to?') is rephrased into an issue of 'will' ('What do you want to do?'). Henk's case illustrates that by just exploring his will, his dis/abled body stays out of the picture. The 'you' that is referred to in the former questions, is an 'able-bodied' you. These abstract questions do not address a 'you' that has to deal with disabilities. This logic therefore does not invite Henk to discuss his disabilities, nor to explore ways of dealing with it.

Following the activation logic, vocational rehabilitation professionals may not consider it part of their work to discuss concrete disabilities. As one of the vocational rehabilitation professionals expressed it:

> *The [health] complaints they have are already described in the 'vision on rehabilitation'. It is already included in the judgement of the insurance physician. They [clients] do not need to convince me [of the seriousness of their complaints]. The reason that I work with them is to look at the other side. So, I take disabilities into account, but I focus as well on the abilities people have.* [professional 9]

This professional illustrates that the report of the insurance physician and vocational expert is used to understand clients' disabilities. This report is often phrased in general

descriptions. Concrete dis/abilities are therefore not discussed during the vocational rehabilitation programme.

It may be difficult for professionals to dive into clients' disabilities, since—at a first glance—'not being able to do' conflicts with how achieving the goal of labour participation is framed in vocational rehabilitation practices. This tension is expressed by a vocational rehabilitation professional: *'Clients need to think in abilities, because if they start thinking in disabilities it will never work out'* [professional 2]. Henk experienced that just 'thinking in abilities' does not work out either:

> *I got a tour in a factory in which there eventually would be a suitable job for me. I need an adjusted job in relation to walking and standing. But it turned out that in such a factory you need to sit and stand whole day long. They just guide you in the wrong direction.*

To be able to work, Henk requires a work place that is adjusted to his dis/abilities. What this means, does not seem to be explored in his vocational rehabilitation programmes. What a vocational rehabilitation candidate 'wants to do' is disconnected from concrete situations and does not give insight in what it entails to work with dis/abilities. Stories of clients demonstrate, as Henk's case clearly does, that abilities exist in relation to disabilities. Insight in concrete disabilities is needed for a better understanding of people's abilities and of what is needed to facilitate those abilities.

The practical logic apparent in vocational rehabilitation (with the role division between physicians that focus on disabilities and vocational rehabilitation professionals that focus on abilities) does not invite exploration of concrete dis/abilities. Nevertheless, some vocational rehabilitation professionals experience the flexibility to explore concrete disabilities. We spoke with a vocational rehabilitation professional who worked in an agency with a vocational training centre. In this centre people have to be present whole days and can experience various job tasks before they enter the labour market.

> *There you get the real stories of people. When you are working together, then the real stories come. […] After a week we take someone apart to discuss how the person is doing now in the training centre.* [professional 7]

In this example, dis/abilities are clearly situated in time and place, it is discussed *'how the person is doing now in the training centre.'*

Our analysis so far demonstrates that concrete disabilities often seem to be overlooked in the search for work abilities. The way abilities are framed in vocational rehabilitation practices is abstracted from concrete physical and material contexts. Building upon vocational interests and former job roles, this logic does not yield new working perspectives and roles that take lived experiences of dis/abilities into account. Return-

ing to the concept of the sick role, this analysis showed a fundamental transformation of the logic of the sick role. In current activation policy and professional work, attention for (temporal) limitations is replaced by a focus on (decontextualised) abilities.

5.5.2 **Stable rehabilitation?**

Stories that clients tell about unpredictable health situations, demonstrate how 'unpredictabilities' may conflict with conditions for vocational rehabilitation as framed in the vocational rehabilitation logic. The following two excerpts illustrate this. Susan had a long and fluctuating medical history. During her vocational rehabilitation programme her health situation got worse. In reaction to this change, Susan's coach had told her: *'Fortunately you do not have a job yet.'* Ellen started working as a business woman. She suffered from the consequences of a whiplash injury. She explained it like: *'I cannot tell how I will feel tomorrow.'* Her coach had responded to this uncertainty with: *'Do not force yourself till you feel better.'* In reacting on changing or unpredictable health situations, in above examples vocational rehabilitation professionals refer to a carefree future. Luckily for now, Susan has no job yet. And Ellen just has to wait till she feels better. In both reactions the logic prevails that, over time, clients will be recovered.

Stories of clients showed us something different. Living with dis/abilities asks for continuous balancing in order to deal with the dynamics of being disabled. In many situations there will never be reached a stable haven. During the third interview Liza, who has fibromyalgia, articulated this never ending work:

> *The older I get, the longer it takes to recover. And often, after recovery I fall back. […] Earlier I consciously was overburdening myself, now I do that less. That brings living with a disability. That I just don't do certain things anymore since I know how much time it needs to recuperate. Earlier I just slept one, two days and I was back on track. And that just does not work anymore.*

Liza's story illustrates that dis/abilities change over time and that this asks for continuous adaptations of how to live (and work) with dis/abilities. Was it in her younger years enough to take an extra day of sleep to recover; now this strategy does not seem to work anymore. It is not a stable health situation Liza is heading at—as is expected in the logic of vocational rehabilitation—but an unpredictable future.

Clients worried about changing and unpredictable dis/abilities. Kim, a lady diagnosed with a form of rheumatism, started to work as a temporary employee for a few mornings per week. Her work consisted of administrative chores behind a computer. After a short time she got an 'RSI arm'. She explained that returning-to-work confronts her with the dynamics of her dis/abilities.

> *Then it pops up again. Look, it is always at the back of my mind that I am not totally healthy. It is chronic, that's clear. But when you feel stable, well, then you think 'I*

can handle it all and it will work out', and then subsequently it turns out that that's not the case. […] Everything is so confusing. Last Friday I visited the rheumatism consultant. I consciously requested a consult since I run into things I don't know how to deal with. Well, in principle I am fully considered able to work, but still I am disabled for work…

Last quotation illustrates Kim's struggles with dealing with her dis/abilities in relation to returning-to-work. She was confused and ran into things she did not know how to deal with. Kim discussed those worries with her rheumatism consultant. She expressed that she did not share her uncertainties about her dis/abilities with her vocational rehabilitation coach.

Interviewer: *With your rehabilitation coach, do you discuss with her, what you just told me, on the one hand considered healthy, on the other hand disabilities, that makes it difficult to…*

Kim: *Yes, we do. Well, the story I discuss now with you, I didn't discuss with her. She knows I am ill and so on…but…well…we didn't go more deeply into it.*

Conversely, vocational rehabilitation professionals assume a stable situation as a precondition for vocational rehabilitation. It is therefore hard for clients to find audience for the uncertainties inhered in living and working with disabilities. Within vocational rehabilitation paths, there seems to be little room for unpredictability. Being confronted with limited professional flexibility to embrace unpredictabilities, professionals may consider it important that clients have extra support besides vocational rehabilitation. A professional explained this as follows:

Or I tell someone to continue [psychological] therapy concurrently with the vocational rehabilitation path. Then there is not only my coaching but also therapeutic counseling. [professional 4]

In the vocational rehabilitation logic, uncertainties and changing conditions are often considered obstacles for vocational rehabilitation. In case of worsening (health) situations, most vocational rehabilitation paths are cancelled or put on hold until clients are 'recovered'. However, it can be questioned to what extent clients will recover. On what base will the vocational rehabilitation path be resumed? Let us take a look at a tension Erica experienced. Erica entered a vocational rehabilitation programme to return-to-work after being burned-out. After half a year, her vocational rehabilitation path was put on hold because of relational circumstances that made that Erica started to feel overstrained. Being 'on hold', she articulated that she does not know in what term she will be able to continue her vocational rehabilitation path.

> *[After the burn-out] I could think in terms again. I could think like, in half a year it will be like this or that. Well, now I do not have any grip on that. […] it slips through my fingers again.*

Erica expressed that *'it slips through her fingers again'.* Her experience shows that it may be difficult for clients to decide when and how to restart their vocational rehabilitation path. By putting paths ´on hold´ in case of deterioration, dynamics of dis/abilities are left out of sight. Vocational rehabilitation professionals do not get insight in what it takes from clients to live and work with unpredictable dis/abilities. As we will see in the next section, a lack of understanding of the dynamics of dis/abilities hinders appropriate return-to-work support.

In vocational rehabilitation practices, there is little room for the dynamics of dis/abilities. A stable situation with clear abilities is seen as the starting point for work resumption. This tendency is illustrated in the quote below:

> *I very often explain the rights and duties, so they [clients] will understand that as well. I delineate the situation they are in. […] They need support to return to the labour market. That is already indicated. They have abilities and that I try to explain that to them as much as possible in their own language. To sketch a picture about the situation they are in and where they are expected to head to.* [professional 9]

Aforementioned professional *´delineates the situation´* clients are in and *´sketches a picture about the situation they are expected to head to'*. Dis/abilities are framed as stable entities that can be prescribed by professionals and moulded by clients.

Our analysis demonstrates that the logic of vocational rehabilitation practices entails that clients will eventually reach a stable health situation that forms a base for labour participation. This framing resembles the recovery logic that is apparent in the sick role. Stories of clients show that this stability is often not realised. According to their experiences, returning to work with dis/abilities implies a continuous process of dealing with *unpredictabilities*. In the logic of vocational rehabilitation practices this coping process is not recognised.

5.5.3 **Participating as if able-bodied**

In the former two parts we analysed tensions clients experienced in relation to concreteness and dynamics of dis/abilities. In this section we discuss tensions related to labour participaton. What does it entail to participate with dis/abilities according to clients? And how does this relate to the practical logic of vocational rehabilitation? Let us go back to Kim, the lady with rheumatism who got an 'RSI arm' while returning-to-work.

> *I went to the doctor and he said 'You should talk with your occupational physician.' Well, I said: 'Then they will throw me out, since I am a temporary employee, I don't have a contract. So they will say: 'Good bye!' I am struggling with this, and I do not know what to do.*

Kim did not want to report her RSI problems to her occupational physician. She was afraid she would get fired then, since she worked as a temporary employee. So she continued working with RSI problems. More clients expressed that they do not bring up health issues at their workplaces. Gerard explained: *'I started with my new job and got down with flu. I didn't want to report ill. I thought, I will take four days off and resume work.'* What client's stories show is that while being at work they try to conceal their disabilities as much as possible.

Client stories thus show strong norms attached to the role of employee: being healthy and being able to work fulltime. As we described in the introduction of this paper, activation policies 'prescribe' the norm that sick and working roles could and should be combined. This norm of combining dis/abilities is not apparent in vocational rehabilitation practices. Clients experienced that people with disabilities are not that easily included in the labour market. Vocational rehabilitation professionals articulated similar experiences. In both clients' and professional's experiences, the norm of the able-bodied worker appears to be dominant. Two illustrations:

> *There are people that absolutely want [to return to work] that have the knowledge, and one way or the other, the labour market doesn't want to.* [professional 14]

In the former quotation, a professional aimed at convincing employers by emphasizing that people with disabilities are dedicated to return to work and suitable for jobs.

In the next citation, a professional wants to change the perception of employers about people with disabilities:

> *I think we need to lay into employers. There still exists a huge gap. Employers think too negative and wrong about people that return to the labour market.* [professional 11]

Unintentionally, with their attempts to open up the labour market, professionals normalise people with disabilities and carry out the norm of the able-bodied worker.

Respondents that returned-to-work expressed that it is tiring and lonely to appear as an able-bodied worker by compensating or covering disabilities. Claire, who had rheumatisms and worked as a cleaner at elderly homes, applied strategies that made her able to work:

> *Since I work a lot, I have more health complaints. Two times a week I have physiotherapy. Every night I go to bed early. My health situation is quite stable. Only my muscles…that is not going well. But I learned the tricks.*

Claire's 'tricks' are practical as well as relational. Claire explained how she wringed the floor-cloth with three fingers and how she reduced her circle of social contacts in order to have more time to recuperate after work. What it costs her to work, is never discussed in Claire's vocational rehabilitation programme. Covering disabilities implies withholding parts of your self and live. Respondents expressed that from this position it is difficult to get connected to colleagues. Maria put it as follows: *'At work, I put up a wall.'* Liza's work pleasure diminished by concealing the disabled parts of her life. After a year at her new work place, she started to be more open about her health situation:

> *I find more and more my own place at work. I worked a lot last weeks so I decided to leave a bit earlier this afternoon. […] Last year I didn't dare to leave earlier. Imagine that they would think: 'Hey she leaves earlier since she cannot stand it.' But that is not at stake anymore. Now they know about me and never reacted negatively. So now I dare.*

Liza needed to feel secure at her working place before she could leave the implicit norm of the able-bodied worker behind. A labour market that is receptive to people with disabilities is therefore a vital condition for successful vocational rehabilitation. Vocational rehabilitation professionals can play a crucial role in creating a more inclusive labour market by 'translating' dis/abilities into concrete implications for labour participation. Another example from the vocational training centre:

> *Well, what does that mean, 'pressure'? We can fully describe what 'pressure' means [for a specific person]. Does it mean work pressure, or is that pressure because a certain work pace is enforced? Or is it pressure as someone suddenly needs to stand up? You can tell so much more to an employer, then when you only see someone. […] And than the prospective employer knows what he is letting himself in for.* [professional 7]

By exploring in practice what clients' disabilities concretely mean, professionals have tools to provide practical support to employers to include people with disabilities.

In vocational rehabilitation practices, employees are actively framed as able-bodied workers. Parsons' modernist thought of either 'being ill' or 'being at work' is very much present in this practical logic. This makes it difficult for people with disabilities to present themselves at the labour market and to take part in it.

5.6 **Discussion**

We started this article with the question how activation policies work out in practice for people with disabilities. In order to study this, we analysed tensions in vocational rehabilitation practices as experienced by clients and professionals. By explicating implicit

norms embedded in vocational rehabilitation it became visible that 'new' practices of activation to a large extent reflect the 'old' logic of 'traditional' welfare states, as described in Parsons' concept of the sick role.

Firstly, we showed how abilities are often framed in a cognitive way: it is expected that employability increases by exploring what a person *thinks* about return-to-work. Professional methodologies and instruments, such as interview techniques and questionnaires, are based on this idea. Our analysis shows that the practical logic of vocational rehabilitation may lead to decontextualised notions of dis/abilities that give no clues for feasible job options. Secondly we analysed how in vocational rehabilitation practices it is assumed that, eventually, people will reach a stable health situation. The dynamics that are inherent to the lives of most people with disabilities are not seen as characteristic of returning to work processes, but considered an obstacle for vocational rehabilitation. Thirdly, we articulated the tension evoked by societal norms of what it entails to be employable. The idea of working with disabilities does not fit labour market expectations. Clients experience the pressure to hide their disabilities and represent only their 'able-bodied' part. Professionals unintentionally reinforce this image by normalising people with disabilities by one-sidedly representing them as dedicated and reliable employees.

As our analysis demonstrates, the practical logic of vocational rehabilitation practices reflects more the 'temporary interruption' logic of the 'traditional' welfare state than the logic of activation policies. Let us have a more detailed look at these normative expectations by comparing it with the logic of Parsons' concept of the sick role. In both ideal and practice, the rights that belong to the sick role recently became less significant. Societal participation is put above exemption from normal social obligations. The cognitivistic understanding of (employ)ability as will power makes clients more responsible for their dis/abled status. By contrast, the duties of Parsons' sick role (to seek professional help and to work on recovery) seem still very present in vocational rehabilitation practices. Vocational rehabilitation arrangements are established to guide people with disabilities back to the labour market and a stable health situation is regarded a condition for work resumption. This 'either/or' logic—people are either considered ill or healthy—creates no room for supporting clients to participate with unpredictable chronic disabilities.

Stories of clients and professionals illustrated that a one-sided focus on abilities of people with disabilities paradoxically hampers the understanding and realisation of abilities needed for (successful) vocational rehabilitation. Our analysis of vocational rehabilitation practices therefore shows the complexity of realising policy ideals in practice. Preferred changes do not happen as long as professional and societal logics do not modify accordingly. If we take the ideal of 'participation for all' seriously, we fail. As recognisable in other domains, like long-term care (Grootegoed & van Dijk, 2012), it appears that realising policy goals is more complex than changing legislation.

The ideal and practice of (employ)ability do not always conflict. Clients that fulfil normative expectations—in the sense that their thoughts on work resumption are feasible and that they have a stable health situation that does not interfere with work place requirements—do feel empowered and supported by their vocational rehabilitation path. Unfortunately current rehabilitation ideals and methods do not work well in cases of clients that need the most support to return-to-work. Clients that cannot oversee feasible job options, that have fluctuating health situations or feel unsecure at presenting themselves at the labour market, are not recognized in vocational rehabilitation practices. So, clients who need the most help receive often ill-matched support, which is frustrating for both clients as professionals.

As our analysis shows, the practical logic of vocational rehabilitation does not stimulate the development of alternative normative expectations of participating with dis/ablities. The norm of the able-bodied worker continues to be strongly embedded in vocational rehabilitation. Consequently, disabilities are made invisible in most vocational rehabilitation paths, because it is assumed that abilities are decisive for labour participation. In overlooking concrete disabilities, the norm of the able-bodied worker remains untouched. This is problematic since it guides away from the relevant question of how to participate at the labour market with dis/abilities. The matter get only limited response by focussing on abilities. As our analysis showed, in daily vocational rehabilitation practices this answer has little substance since people have to deal with disabilities as well. Our findings demonstrate that a single focus on abilities offers no concrete tools for vocational rehabilitation and leaves both clients and professionals empty handed.

Policies that aim to activate people with disabilities did not yet transform the logic of professional practices of vocational rehabilitation. Since an alternative logic is lacking, in vocational rehabilitation practices the logic of Parsons' sick role is still very much present. Current financial structures in which vocational rehabilitation agencies only get all their costs paid when a client returned to work ('no cure, less pay') does not help to develop an alternative logic. On the contrary, the present accountability framework values vocational rehabilitation practices that are primarily striving to align with the dominant norm of the able-bodied worker (van Hal, et. al 2013). In this context it is not explored what it concretely means to (return-to-) work with dis/abilities. Vocational rehabilitation support that is receptive to dis/abilities is not a product from generic methodologies, but results from 'tinkering' (Mol et al., 2010). In this case it results from experimenting, exploring and experiencing what it concretely means to work with dis/abilities. Some clients, as we have seen, actively seek for creative solutions, but they do not experience support for this process in their vocational rehabilitation programmes nor in work place settings. More professional leeway and different accountability criteria are thus needed to 'work on the norm' (Winance, 2007) of the able-bodied worker. An embodied approach on dis/abilities is helpful to create room for articulating 'real' alternatives for working with dis/abilities. In a 'logic of embodied

vocational rehabilitation' lived experiences of clients are acknowledged and it is explored what clients are concretely able to do (for an analysis of the role of embodiment for dis/ability, see Moser, 2009). A logic of embodiment would enable vocational rehabilitation professionals to translate dis/abilities into concrete consequences for both (future) employees and employers and therewith facilitating labour participation of people with dis/abilities. Embodied knowledge—what works for this specific person in this specific context?—does not exist a-priori, but originates by doing. As long as only the norm of the able-bodied worker constitutes rehabilitation practices, activating welfare policies will not fulfil their promise of a society where we can all participate.

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CHAPTER 6

Discussion

Activation at work

Recently, a paradigm shift took place in Western welfare states, focussing on activating citizens. Regarding social insurance arrangements, this implied a core focus on labour market activation. In practice, however, the normative assumptions as well as the effectiveness of these new arrangements are questioned. What is missing in the aforementioned debates is insight into how labour activation 'works in practice'. While the normative critique focusses on the ideal of labour market activation as such, the critique on the efficacy focusses on the results. Therefore, both leave the black box of the activation processes unopened. Understanding activation practices may provide clues for improving these practices. That is why I investigated practices of vocational rehabilitation of people with disabilities in the Netherlands. Analysing stories of clients and professionals who are engaged in vocational rehabilitation enabled me to gain in-depth insights into its practices. In this inquiry I focussed on four assumptions of vocational rehabilitation, namely training of skills; fostering empowerment; checking motivation, and determining abilities. In this discussion chapter I will firstly present the main findings of my study and, subsequently, I will sketch which lessons can be learnt from these findings.

6.1 How does it work?

6.1.1 Training of skills

The empirical analyses in this book started with the question of what it means for people to take part in vocational rehabilitation. By analysing stories that people with disabilities told about vocational rehabilitation, it became apparent that returning-to-work implies identity work instead of improving work related skills. Vocational rehabilitation means that people, especially after a long time on disability benefits, have to relate themselves differently to their bodies, to their ideas of self, and to the society they are expected to participate in. How people relate to these aspects of life is constituted by their perspectives on their past, present, and future. People do this identity work in various ways and consequently approach vocational rehabilitation differently. By analysing their stories, I distinguished separative, integrative, and pending processes of identity work. In separative narratives, participation in society is considered problematic by clients, and this experienced separation from society hampers participation processes: people do not consider themselves to be able to participate or do not feel recognised in their efforts to do so. In integrative narratives, people continuously relate themselves to different domains of society by formulating new perspectives on life in relation to changing life-circumstances. This continuous process implies that the way clients approach (returning to) labour participation is liable to change. In pending narratives, relations are unsettled towards body, self, and society and past, present, and

future. Most clients express that they are so absorbed by the process of relating differently to life that they cannot deal with the request for labour participation.

Attention to processes of identity work is not obvious in vocational rehabilitation programmes. Driven by a functional understanding of participation, the main focus of the programmes is on the training of skills. Skills training guides the attention away from what it means for a person to return-to-work. Clients' identity work is not addressed and relevant aspects of support are overlooked by professionals. What exactly is relevant to address, depends on the specific process a client is in. Consequences of this neglect are that clients feel even further excluded from society (in the case of separative narratives), contribute their vocational rehabilitation success to their own efforts only (in the case of integrative narratives), or may get lost in life (in the case of pending narratives).

6.1.2 **Fostering empowerment**

The second step of my analyses focussed on empowerment. This empirical analysis demonstrated the capriciousness of living with disabilities and its tensions with the expectations of vocational rehabilitation programmes. Starting from stories that clients tell about vocational rehabilitation, empowerment gets meaning in the context of the daily lives of people with disabilities. For them, empowerment relates to interdependency, living a good life, balancing, awareness of irregularity, and learning by doing. However, these ways of 'doing empowerment' are not acknowledged in vocational rehabilitation programmes. In vocational rehabilitation, empowerment is mainly understood as an activation strategy and connected to autonomy, full dedication, reflection, linearity, and achieving the goal of labour participation.

My analysis of stories that clients told about vocational rehabilitation showed how this understanding empowerment as an activation strategy imposes specific expectations of how clients should behave in order to be empowered. Moreover, being empowered is equalised to the goal of achieving a paid job. Professionals are expected, and in fact disciplined, to direct clients towards a predefined change in a predefined way. It appears that this leads to a labelling of clients as autonomous or dependent; successful or failing; active or passive. This black-and-white notion is related to the psychologisation of empowerment. In vocational rehabilitation, empowerment tends to become reduced to a personal characteristic and professional support is limited to changing the person his- or herself. This is problematic, since a one-sided focus on the individual leads attention away from social and institutional contexts in which vocational rehabilitation takes place. Moreover, clients whose needs do not match the specific expectations of what it entails to be empowered are often excluded from the support they need. My analysis demonstrates how a narrow understanding of empowerment as an activation strategy paradoxically hampers the empowerment of clients who do not fulfil the connected expectations.

6.1.3 **Checking motivation**

Much research has been dedicated to motivation and return-to-work in relation to the individual behaviour of clients. In line with this psychological perspective, unemployment and return-to-work are primarily considered an individual's personal troubles, rather than social issues. In order to understand how client motivation gets meaning in practice, in the third part of my analyses I approached motivation from a sociological perspective and understood motivation as a judgement that originates in the interaction between client and professional in the institutional context of vocational rehabilitation. This interactional view on motivation made it possible to analyse implicit expectations in techniques of vocational rehabilitation professionals.

Based on stories that vocational rehabilitation professionals told about their professional practices, I distinguished two working methods in which the judgment of '(un)motivated' took shape in various ways. I described those methods as: 'professional as a signpost' and 'professional as a personal guide'. In the work method 'professional as a signpost' there are clear expectations of a client's dedication and initiatives and a client is expected to fulfil them. In the described work method 'professional as a personal guide', the focus is primarily on a client's personal development and a client is taken as the point of departure in formulating goals and expectations for the rehabilitation path. When the goal of returning to work is not reached, in the first work method a client is labelled as unmotivated. In the second work method, professionals acknowledge all the progress that is made and in this way a vocational rehabilitation path can be defined as 'successful' independent of the fact of whether a client will eventually be employed in the long term.

As my analysis shows, in both working methods the ultimate goal of labour participation is not always at the forefront in practice. Professionals create intermediary goals that determine how successfully a path unfolds. However, in the current accountability structure for rehabilitation agencies—that is based on 'no cure, less pay'—these intermediary goals are not valued. The one-sided focus on the 'output' of the vocational rehabilitation path does not allow for attention to be paid to the efforts made by both clients and professionals on such paths. A lot of 'good professional work' is, therefore, unseen. By emphasising labour participation, abilities of clients and professionals are made invisible. This sociological analysis of client motivation provided insight into why it is not easy for professionals to put a client's situation centre stage. The public account mechanisms of the institutional context that vocational rehabilitation professionals work in do not invite this, since it is not the process of a client that is valued but rather the goal of labour participation.

6.1.4 **Determining abilities**

In activation policies, it is no longer 'disabilities' but rather 'abilities' that form the core focus. In the last empirical chapter, what this policy change means in practice is ex-

plored. By analysing the tensions in vocational rehabilitation practices as experienced by participants (clients and professionals) of vocational rehabilitation practices, we explicated implicit norms embedded in vocational rehabilitation.

The analysis of stories firstly demonstrated how abilities are often framed in a cognitive way: it is expected that employability increases by exploring what a person thinks about return-to-work. Practically, this means that concrete disabilities are often overlooked in the search for work abilities. This does not yield new working perspectives and roles that take lived experiences of dis/abilities into account. Secondly, the logic of vocational rehabilitation practices entails that clients will eventually reach a stable health situation that forms a base for labour participation. Stories of clients show that this stability is often not realistic. According to their experiences, returning to work with dis/abilities implies a continuous process of dealing with unpredictabilities. In the practical logic of vocational rehabilitation practices, this coping process is not recognised and is even considered an obstacle for returning to work. Thirdly, in vocational rehabilitation practices, clients are actively framed as abled-bodied workers. Clients experience the pressure to hide their disabilities and represent only their 'able-bodied' part. Professionals unintentionally reinforce this image by normalising people with disabilities by one-sidedly representing them as dedicated and reliable employees.

This study revealed that 'new' practices of activation to a large extent reflect the 'old' logic of traditional welfare states. For example, in vocational rehabilitation arrangements that are established to guide people with disabilities back to the labour market, a stable health situation is regarded as a condition for work resumption. This 'either/or' logic—people are considered either fit or unfit for work—creates no room for supporting clients to participate in the labour market with unpredictable chronic disabilities. As my analysis demonstrates, clients that cannot oversee feasible job options, that have fluctuating health situations or feel insecure at presenting themselves in the labour market, are not recognised in vocational rehabilitation practices. The relevant question as to what it entails to work with dis/abilities is not addressed. A single focus on abilities thus offers no concrete tool for returning-to-work with dis/abilities and leaves clients, professionals, and employers empty handed.

6.2 Normative assumptions and unintended consequences of vocational rehabilitation techniques

As summed up in the former paragraph, this study of stories of clients and professionals about vocational rehabilitation provides a detailed outlook on labour market activation practices of people with disabilities in the Netherlands. In this book I *purposively* focussed on stories of clients and professionals in which tensions in the activation process are apparent. In these tensions it becomes manifest where expectations of clients and vocational rehabilitation professionals conflict with the needs of clients and vocational

rehabilitation services that are offered. Moreover, articulation of unfulfilled expectations makes normative assumptions embedded in professional practices visible. As long as things run smoothly, expectations of clients on how to behave—in other words, implicit norms of vocational rehabilitation practices—remain invisible. It is only in tensions—in this 'clash of logics'—that embedded norms become visible.

The analyses in this book showed how vocational rehabilitation techniques may unintentionally exclude people from participation as a consequence of implicit norms that are embedded in these techniques. Although one part of the clients of vocational rehabilitation programmes does feel supported by these practices, another part feels not supported at all. This is a pressing issue since especially clients who express the need for support to resume work, experience the least support. This process of exclusion shows parallels to the analysis of access to mental health care by the Dutch sociologist De Swaan. He shows that while highly educated people get access to psychotherapeutic care, less educated people who do not speak the same 'language' as professionals and do not know the implicit codes of the 'psycho-therapeutic setting' will be refused therapy as they are considered to be 'unfit' for care. De Swaan introduces the notion of proto-*professionalisation* to understand this process of selective inclusion. He describes proto-professionalisation as a process in which laypersons learn to become experts in 're-defining everyday troubles as problems amendable to treatment by this or that profession' (De Swaan, 1990: 14). Subsequently, people who are able to reframe their situation to the appropriate professional norms are more likely to search for professional care, have better access to it, are more likely to be found suitable for treatment, and profit the most from it. Thus, certain expertise and skills are required to facilitate access to care and support. Simultaneously, this means that individuals who do not fulfil those norms may be excluded from support. The consequences of this exclusion—individuals who do not receive the care or support they need—are apparent in the case of vocational rehabilitation support in the Netherlands. Although they are included in vocational rehabilitation programmes, clients who have problems finding their way in today's society or are overwhelmed by their life circumstances or are struggling with living with disabilities—i.e. individuals who need the most support—often do not receive the kind of support they need in order to participate in society. The empirical analyses presented in this book provide insight into how vocational rehabilitation techniques contribute to this exclusion.

In this study, specific mechanisms of exclusion are demonstrated by four paradoxes that labour activation practices are confronted with. Firstly, by focussing on the training of skills, vocational rehabilitation misses the 'real' work that re-integration requires from clients and that is related to defining a new identity. Therefore, clients do not feel supported in their efforts to participate in society. Secondly, understanding empowerment as an activation strategy has disempowering consequences for clients who do not fit this narrow definition of empowerment. Thirdly, by valuing only the achievement of sustainable work resumption, all other meaningful achievements of clients and profes-

sionals are made invisible. Consequently, when the goal of sustainable paid work is not reached, this 'failure' is easily attributed to a client's presumed lack of motivation. Fourthly, a one-sided focus on abilities hampers the development of the abilities needed to participate in the labour market with dis/abilities. Those paradoxes illustrate how mechanisms of exclusion work in practice and demonstrate the challenges that current activation practices are confronted with.

6.3 **Understanding activation**

The aim of the activation paradigm to integrate people—as present in social security policies—sounds promising. However, in practice, it appears to be far more difficult to realise this inclusion. My analyses of how 'activation is done in practice' show mechanisms that contribute to the disappointing results of this paradigm shift in vocational rehabilitation. These findings correspond to the normative critique that activation policies have a one-sided focus on labour participation and focus too much on behavioural changes. What my study *adds* to the normative debates is insight into what is needed to broaden the focus of activation policies, namely attention for what it means to participate and room to explore how and to what extent participation with dis/abilities can be realised. Most research into the effectiveness of activation policies focusses on 'output' and tries to explain success and failure of vocational rehabilitation by pointing to personal and contextual factors of (labour market) activation as separated from the professional activation techniques themselves. By locating clues for (in)effectiveness in individual clients characteristics—such as a demographic background and health situation—the *practice* of vocational rehabilitation remains a black box. Thus, although effectiveness studies have shown factors related to success and failure of vocational rehabilitation we do not understand how these factors influence vocational rehabilitation. The present study on vocation rehabilitation practices increases this understanding by describing the consequences of a narrow understanding of empowerment and accountability framework that only values the final output. As my study illustrates, individual professionals and clients are not the ones who should be blamed, but rather the activation techniques—such as working methods in vocational rehabilitation programmes—and the institutional and social context of vocational rehabilitation that contribute strongly to the unintended effects of labour market activation.

Departing from the insights of science and technology studies and sociology, I was able to open the black box of 'activation in practice' in order to identify new problems in labour market activation as well as new solutions. The focus on activation techniques in practice showed that techniques carry specific expectations of how practices should work and are thereby constitutive for practices. Activation techniques contribute to a functioning of vocational rehabilitation that is contradictory to the aim of vocational rehabilitation and the related activation paradigm. Its specific expectations—such as

reflective clients with stable health situations—lead to exclusion instead of inclusion. Furthermore, vocational rehabilitation overlooks what facilitating labour participation for people with dis/abilities implies for employers, the organisation of work processes, and so on. Activation techniques should, therefore, not be considered neutral tools that can be understood separately from practice. It is through studying practices that we become aware of the normativity of techniques, its unintended consequences, and the paradoxes this evokes.

As demonstrated in this book, a constructivist approach that takes the way people define their situation seriously and is sensitive to *practice*, makes it possible to reflect on policy ideals such as activation, inclusion, and participation. This reflection is important since policies do work out differently than expected. For example, clients may feel disempowered when they are expected to deal with vocational rehabilitation autonomously. Within this scope I will discuss a specific trend in debates about current social and medical service delivery, namely the rise of the so-called 'client centred approaches' (Cot, 2004; Ekman et al., 2011).

Although it is important to take clients' experiences seriously, more focus on their needs as such is not enough to improve vocational rehabilitation practice. As I illustrated by presenting disempowering consequences of understanding empowerment as an activation strategy, a client centred approach comes with its own pitfalls and challenges. A client centred approach suggests that 'the problem' and 'the solution' of vocational rehabilitation are located in the individual. However, as the STS-researcher Myriam Winance (2007) explains, 'abnormality' is constructed in interaction between people, and so are repertoires to deal with differences. Interaction enables discussing prevailing norms and negotiating alternatives. Because of this, interaction in professional practices such as vocational rehabilitation is valuable and should not be lost out of sight by focussing on the individual client. In line with this, it should be realised that interaction is not a matter of personal characteristics but is shaped by professional techniques and structural mechanisms such as the public accountability framework that I described before. It are these elements that constitute vocational rehabilitation practice and a client centred approach carries the risk of putting too much responsibility for vocational rehabilitation success on shoulders of individual professionals. When it is implicitly assumed that professionals must and can fulfil the needs of clients, no attention will be paid to the disciplining mechanisms of professionals' work. This is problematic, since the normative assumptions that are embedded in the techniques and accountability structures are what frame what can be done and what not.

With this book, I primarily want to make a plea for learning from practices. It is not 'the client' that I would suggest to put centre stage in improving (labour market) activation, but rather the practices of activation or, in other words, the *activation* work. Analyses of practices not only make expectations embedded in vocational rehabilitation techniques and its unintended consequences visible, but also provide clues to deal with these unintended effects. The ways clients and professionals 'work on activation',

therefore, not only illustrate how techniques discipline both clients and professionals, but also form an onset for creating alternative routes and methods for vocational rehabilitation. In the following section I elaborate on what these alternatives may mean for vocational rehabilitation practices.

6.4 Learning in and from practices: three lessons

6.4.1 Taking into account what participation means

Vocational rehabilitation is a meaningful activity related to a person's life. This interpretation implies a shift in understanding (labour) participation. Internationally, participation is mainly understood in terms of the International Classification of Functioning, Disability and Health (ICF) and related to a person's *functioning* (Saltychev et al., 2013). This functional framing does not do justice to what it entails to participate. To put *meaning* centre stage in approaching participation, it will become more 'logical' that clients get support in discovering what it means for them to work and to explore to what extent and in what way labour participation can be realised. Qualitative research increasingly studies the meaning of policy ideals for clients, for example the meaning of citizenship in long-term mental healthcare (Ootes, 2012) or the meaning of the deinstitutionalization of care in a locked acute psychiatric ward (Johansson et al., 2009).

Vocational rehabilitation support can be improved by paying genuine attention to what it means to return-to -work. Professionals can fulfil an essential role in taking into account stories that clients tell and what they say about life in relation to labour participation. Inviting clients to tell stories and listening to these stories may be regarded as an *act of inclusion* (Frank, 1995). Being heard is a vital aspect of the identity work needed for labour participation. Room for stories does not only stimulate the identity work of clients, it also provides clues for professionals and employers to adjust support to a specific client in vocational rehabilitation. Attention for stories may stimulate exploration of what it entails for a person to participate at the labour market with abilities as well as disabilities.

In conducting the research that resulted in this book I experienced what telling a story can mean to people. It invited people to look back on their lives, it helped them to make sense of their present situation, it revealed emotions and it stimulated reflection on values and priorities in life. People varied in their narrative reflexive capacity: making a life story was not the same for everyone. All the people who took part in this study positioned themselves in their tales in relation to who they are now, who they were before, and who they want to be in the future. In doing so, they compared themselves to other people and gave meaning to their dis/abilities. However, their stories came into existence differently. For some people, a general question such as 'How did you grow up?', was enough to make a whole story. For others, more specific and con-

crete questions were needed to invite them to make a biography, such as: 'What was your day like today?'; 'How is your back doing today?'; or 'What are these trophies on the cabinet?' The variety implies that a narrative approach should not be considered the next magic bullet for vocational rehabilitation. I do not want to suggest that professionals should collect complete life stories of their clients. However, an embodied exploration of what participation means to clients, clearly situated in time and place, is a good start for vocational rehabilitation professionals to get insight into what kind of (vocational rehabilitation) support may be suitable.

6.4.2 **Professional empowerment**

To enable professionals to explore what participation means to clients, professionals—instead of sticking to formats, strict protocols, and working methods—need leeway to ´tinker´ in order to provide fitting support. (Duyvendak et al., 2006; Mascini et al., 2012). With tinkering I mean exploring new ways, experiencing, and adjusting accordingly. As shown by Struhkamp (2004) and Mol and colleagues (2010), professional practices consist for a great deal of tinkering. However, it can be questioned as to whether vocational rehabilitation professionals experience enough 'tinkering space'. The current accountability framework for vocational rehabilitation values final output over process and stimulates an ever increasing disciplining of professionals. Professionals are bound to act in a way that is assumed to foster labour participation as quick and efficient as possible. As my analyses show, this 'quickest way' might be a dead end road for many clients who have difficulties with returning-to-work.

In order to be able to do justice to what participation means for a client, professionals need more discretionary space to tinker, in order to develop interactions and ways of support that help clients to return-to-work. For each client it needs to be explored: 'How to participate in the labour market in this specific situation?' This question shifts the attention from the *output* of a vocational rehabilitation path to the actual *practice*. The appeal to explore suitable opportunities and new repertoires empowers both the client and professional. Moreover, in this process, professionals cannot only learn from their clients—as I recommended in my analysis of empowerment—but can also learn from other professionals. Discussing concrete experiences with professionals in the field stimulates reflection on the norms for 'good professional work' and helps to develop new balances between strict working formats and dealing with differences (Van Gunsteren, 1998; Meershoek et al., 2007; Moser, 2006;). Empowering professionals is not only required to improve vocational rehabilitation, but will also increase the visibility of professional work.

6.4.3 **Towards an accountability framework that values practices**

To create new balances between the single output of vocational rehabilitation and the variety of clients who enter the arrangements, there is an accountability framework needed that values the *activation work* that is done in vocational rehabilitation practices. Currently, it is only the final output—did a person return-to-work for at least six months—that is valued. Vocational rehabilitation agencies are contracted based on these work resumption percentages. Moreover, trajectory costs are only fully paid when a client returns to work: the more clients who returned to work, the more money that is earned. This mechanism has the perverse effect that it contributes to vocational rehabilitation that invests the most in those clients who are considered the most 'profitable'—in other words, clients who are expected to resume work quite easily get the most support (cf Mascini et. al, 2012). In aforementioned structure of contracting and financing, the practices of vocational rehabilitation and the work that is performed are not acknowledged.

In order to value practices, an accountability framework needs to review the quality of support and to acknowledge a broader range of achievements. But the question is how to do this? Professional intervision, as I recommended in the section hereinabove, contributes to the visibility of practices by articulating what is concretely happening from the perspectives of professionals. In addition, qualitative investigation of practices, as the kind of study in this book, may provide relevant information to understand and value the practices of (labour market) activation. The success of vocational rehabilitation programmes will then be defined in terms of what it contributed to a client's life. Importantly, insight into how practices work is essential for feeding improvements (Mol, 2006). Recently, 'qualitative reviewing' as part of contracting policies, is happening in health care institutions for people with physical, mental and intellectual disabilities. A Dutch health insurance company rewards institutions who allow an evaluation of how individual 'zorgplannen' ('caring schemes') work out in practice (Menzis, 2013). Caring schemes determine to a large extent the care a specific client receives. The review of how these schemes work in practice, is based on the experiences of clients, their significant others and professionals.

6.5 **Concluding remarks**

In welfare states, the activation paradigm continues to be dominant in the development of new policies and laws. 'Activation' is, for example, stimulated in the provision of (informal) care and living a healthy lifestyle. In this thesis, I demonstrated how labour market activation policies may unintentionally yield their opposite. Currently, in the Netherlands, a new act is being proposed: the Participation Act. This act aims at stimulating labour participation for people who are partially disabled for work—and who

work, for example, in sheltered workplaces or are on social assistance. To reach this ambition, a significant role is granted to employers who are expected to employ a substantial number of people with disabilities. In these policies, 'activation' is rather unproblematically used, and paradoxes of labour market activation—as described in this book—are not really taken into account. Since especially the most vulnerable people do not benefit from the way labour participation is stimulated so far, it should be brought up for discussion to what extent those regulations will contribute to improving participation. I wish that the stories and analyses in this book inspire researchers, policy makers, professionals, employers and clients to find creative ways to make activation really work, contributing to a varied society in which people can participate in their own way.

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List of publications

International peer reviewed publications (with abstracts)

Van Hal, L.B.E., Meershoek, A., de Rijk, A., & Nijhuis, F. (2012). Beyond vocational rehabilitation as a training of skills: return-to-work as an identity issue. *Disability & Society, 27*(1), 81-93.

Abstract
In western welfare states, labour participation is increasingly considered a vital aspect of taking part in society. Vocational rehabilitation programmes are intended to support people in the process of returning to work. These programmes pay much attention to the skills that clients need to develop in order to return to work. We argue, however, that vocational rehabilitation is more than the acquirement of skills, and that further attention should be paid to clients' 'identity work' processes. Based on 45 life-stories, we present an analysis of the identity work expressed by people with a work disability in the Netherlands. We describe 'separative', 'integrative', and 'pending' processes of identity work. The presented typology can help vocational rehabilitation professionals become more sensitive to clients' processes, and supports more inclusive vocational rehabilitation.

Van Hal, L.B., Meershoek, A., Nijhuis, F., & Horstman, K. (2012). The 'empowered client' in vocational rehabilitation: the excluding impact of inclusive strategies. *Health Care Analysis, 20*(3), 213-230.

Abstract
In vocational rehabilitation, empowerment is understood as the notion that people should make an active, autonomous choice to find their way back to the labour process. Following this line of reasoning, the concept of empowerment implicitly points to a specific kind of activation strategy, namely labour participation. This activation approach has received criticism for being paternalistic, disciplining and having a one-sided orientation on labour participation. Although we share this theoretical criticism, we want to go beyond it by paying attention to the practical consequences of understanding empowerment as an activation strategy. Inspired by the field of Science and Technology Studies, we

will explore the meaning of empowerment and activation in concrete practices of vocational rehabilitation in the Netherlands. Our analysis is based on stories that people with disabilities told about their lives and the vocational rehabilitation programmes they participated in. We present five illustrative cases that show how empowerment is 'done' in the practice of vocational rehabilitation and that demonstrate its unintended effects. Our analysis demonstrates that activation strategies seem to be caught in a paradox: instead of including people in society, they have excluding consequences. Vocational rehabilitation professionals can go beyond this paradox by learning from the ways in which empowerment is 'done' by clients in vocational rehabilitation programmes.

Van Hal, L., Meershoek, A., Nijhuis, F., & Horstman, K. (2013). A sociological perspective on 'the unmotivated client': public accountability and professional work methods in vocational rehabilitation. *Disability and Rehabilitation, 35*(10), 809-818.

Abstract

Purpose: This study aims at a sociological understanding of the concept of (un)motivation in order to provide clues for improving vocational rehabilitation (VR) support. *Method:* (Un)motivation is understood as the product of the interaction between clients and professionals in an institutional context. To gain better understanding of this construction of (un)motivation, in depth-interviews are held with 14 VR professionals. Based on the stories professionals told about their professional practices, we analysed the ways in which they guide their clients during their VR path within the institutional context of the Dutch welfare state. *Results:* 'The unmotivated client' is a judgment that arises in the interaction between professional and client if the institutional goals of VR are not achieved. Two work methods are distinguished in which this judgment takes shapes in various ways, namely 'Professional as a Signpost' and 'Professional as a Personal Guide'. *Conclusions:* Professionals work in a dichotomous public accountability framework with a strong focus on labour participation. This causes professionals to look for ways out of VR paths in which labour participation is not achieved. The construction of 'the unmotivated client' is such a way out. An alternative way out is to explicitly value clients' (intermediary) achievements.

Van Hal, L. Meershoek, A., Nijhuis, F., & Horstman, K. (2013). Disembodied abilities: Sick role and participation in 'activating' return-to-work practices. *Social Science & Medicine, 96*, 9-16.

Abstract

In 'active welfare states', labour participation is regarded essential for being part of and contributing to society. In the striving for an increase in labour par-

ticipation of people who were considered (partly) disabled for work, not 'disabilities', but 'abilities' are put centre stage in vocational rehabilitation programmes. In this article we explore what this change in focus means in practice. We do this by investigating tensions experienced by participants of vocational rehabilitation practices that aim at facilitating return-to-work for people with disabilities. Our analysis derives from stories that clients and professionals told about daily experiences with disability, vocational rehabilitation and (labour) participation. These stories illustrate the logic embedded in vocational rehabilitation practices. Our analysis demonstrates that this logic, that focusses on will power, stable abilities and employability, hampers the realization of labour participation for a part of the population. We conclude that a logic of embodiment in which lived experiences of clients are acknowledged and in which it is explored what clients are concretely able to do in a specific context may be better equipped to facilitate return-to-work.

Research report

Van Hal, L., Meershoek, A., De Rijk, A., Joling, C., & Nijhuis, F. (2009). *Een rol om op te bouwen? Zelfbeeld, levensstrategieën en re-integratietrajecten van langdurig arbeidsongeschikten.* Maastricht University: Maastricht.

Book chapter

Van Hal, L. (2012). Het arbeidsparticipatie-ideaal in de praktijk. Over de participatieparadox in de Nederlandse welvaartsstaat. In: *Kijk anders, zie meer. Tien jonge wetenschappers over disability studies*. ZonMw: Den Haag.

Samenvatting

Werken aan activering: Analyses van verhalen over arbeidsre-integratie van mensen met arbeidsbeperkingen in Nederland

Sinds de jaren 1990 staat de bevordering van arbeidsparticipatie in Nederland en andere Europese landen in de publieke belangstelling. Enerzijds omdat de totale kosten van arbeidsongeschiktheidsuitkeringen aanzienlijk zijn gestegen, anderzijds omdat arbeidsparticipatie als een belangrijke voorwaarde wordt gezien voor het welzijn van individu en samenleving. Door middel van arbeidsre-integratietrajecten worden mensen ondersteund om weer aan het werk te gaan. Deze trajecten staan ter discussie. Hun effectiviteit wordt betwist en er klinkt de kritiek dat ze met name de meest kwetsbare burgers niet ondersteunen om deel te nemen aan de samenleving. Terwijl de effectiviteitskritiek zich richt op de resultaten, stelt de normatieve kritiek het ideaal van arbeidsmarktactivering ter discussie. Wat ontbreekt in de voorgenoemde debatten is inzicht in hoe arbeidsmarktactivering nu eigenlijk 'werkt' in de praktijk. Inzicht in activeringspraktijken is van belang, omdat dit handreikingen biedt voor het verbeteren van deze praktijken. In dit proefschrift staan daarom praktijken van arbeidsre-integratie van mensen met arbeidsbeperkingen in Nederland centraal.

In lijn met de uitgangspunten van constructivistisch beleidsonderzoek worden in dit onderzoek praktijken niet beschouwd als een afspiegeling van beleid maar wordt er vanuit gegaan dat zij een eigen dynamiek en logica kennen. In dit proefschrift zijn praktijken beschreven aan de hand van de analyse van verhalen die cliënten en professionals vertelden over hun ervaringen met arbeidsbeperkingen, arbeidsre-integratie en (arbeids)participatie. Meerdere malen is uitgebreid met 45 cliënten van arbeidsre-integratiebureaus gesproken over hun ervaringen met arbeidsre-integratie in relatie tot de rest van hun leven. Aangezien cliënten hun arbeidsre-integratie niet alléén 'doen' zijn daarnaast veertien re-integratieprofessionals diepgaand geïnterviewd. Met deze professionals is gesproken over hoe cliënten bij hen terecht komen, hoe zij de intake ervaren, wat zij van cliënten verwachten gedurende het arbeidsre-integratietraject en hoe ze beslissen wat voor begeleiding cliënten nodig hebben.

De analyses van deze verhalen richten zich op de vraag hoe vier centrale aannames van arbeidsre-integratie in de praktijk gestalte krijgen, namelijk het trainen van vaardigheden, het bevorderen van empowerment, het beoordelen van motivatie en het inschatten van mogelijkheden.

Trainen van vaardigheden

Vertrekkend vanuit de vraag wat het voor mensen betekent om te re-integreren op de arbeidsmarkt, werd duidelijk dat terugkeer naar werk niet direct te maken heeft met het trainen van vaardigheden, maar vooral identiteitswerk behelst. Arbeidsre-integratie betekent dat mensen, met name als zij lange tijd arbeidsongeschikt zijn geweest, zich op een nieuwe manier moeten verhouden tot hun lichaam, hun zelfbeeld en de maatschappij waarin ze geacht worden te participeren. Hoe mensen zich verhouden tot deze aspecten van hun leven hangt samen met hoe ze aankijken tegen hun verleden, heden en toekomst. Mensen doen dit identiteitswerk op verschillende manieren en benaderen in het verlengde daarvan arbeidre-integratie ook op verschillende wijze. Op basis van de analyse van verhalen van cliënten zijn drie typen identiteitswerk onderscheiden die vorm krijgen in 'afgescheiden verhalen', 'geïntergreerde vehalen' en 'verhalen in wording'.

In 'afgescheiden verhalen' wordt deelname aan de samenleving door cliënten als problematisch beschouwd. Deze ervaren uitsluiting van de maatschappij belemmert participatieprocessen: mensen vinden zichzelf niet in staat om deel te nemen of voelen zich niet erkend in hun inspanningen om dit te doen. In 'geïntegreerde verhalen' maakt die samenleving juist voortdurend deel uit van het verhaal, doordat vertellers nieuwe perspectieven op hun leven formuleren in relatie tot veranderende levensomstandigheden. Dit continue proces houdt in dat de manier waarop cliënten arbeidsre-integratie en werkhervatting benaderen aan verandering onderhevig is. In 'verhalen in wording' staat de verhouding tot lichaam, zelfbeeld en samenleving op losse schroeven. De meeste vertellers van deze verhalen geven aan dat ze zo in beslag genomen worden door het proces om zich anders tot hun leven te verhouden, dat ze nauwelijks ruimte ervaren om met arbeidsre-integratie bezig te zijn.

Binnen arbeidsre-integratietrajecten is aandacht voor identiteitswerk niet vanzelfsprekend. Gedreven door een functioneel begrip van participatie, ligt de focus binnen arbeidsre-integratieprogramma's op het trainen van vaardigheden. Vaardigheidstrainingen, zoals bijvoorbeeld sollicitatiecursussen, leiden de aandacht af van wat het eigenlijk voor iemand betekent om weer aan het werk te gaan. Het identiteitswerk van cliënten wordt niet opgepakt en relevante ondersteuningsbehoeften worden op deze manier door professionals over het hoofd gezien. Consequenties van het veronachtzamen van identiteitswerk kunnen zijn dat cliënten zich nog verder uitgesloten voelen (in het geval van 'afgescheiden verhalen'), dat cliënten het succes van arbeidsre-integratie alleen aan zichzelf toeschrijven (in het geval van 'geïntegreerde verhalen') of dat cliënten de weg kwijt raken (in het geval van 'verhalen in wording').

Bevorderen van empowerment

In het veld van arbeidsre-integratie is het 'empoweren' van cliënten een belangrijk streven. Voor cliënten krijgt empowerment betekenis in de context van hun dagelijks leven met arbeidsbeperkingen. Voor hen heeft empowerment te maken met onderlin-

ge afhankelijkheid, met proberen een zo goed mogelijk leven te leiden, met balanceren tussen activiteit en rust, met omgaan met de grilligheid van beperkingen, met leren door te doen. In arbeidsre-integratietrajecten wordt empowerment meestal niet op deze manier begrepen, maar wordt het opgevat als het maken van een actieve, autonome keuze om de weg naar het arbeidsproces terug te vinden. Vanuit deze logica verwordt empowerment tot een activeringsstrategie, namelijk een middel om arbeidsparticipatie te bereiken. Deze interpretatie van empowerment als activeringsstrategie brengt specifieke verwachtingen met zich mee over hoe cliënten zich zouden moeten gedragen en over hoe professionals zouden moeten handelen. Het leidt tot het 'labelen' van cliënten als autonoom dan wel afhankelijk; als succesvol of falend; als actief of passief. Dit zwart-wit denken heeft te maken met de 'psychologisering' van empowerment. Er is de neiging om empowerment terug te brengen tot een persoonlijke eigenschap. In het verlengde daarvan blijft professionele ondersteuning vaak beperkt tot het veranderen van de cliënt als persoon. Dit is problematisch. Een eenzijdige focus op het individu leidt de aandacht af van de sociale en institutionele context waarin arbeidsre-integratie plaatsvindt. Bovendien worden cliënten van wie de behoeften niet overeen komen met de specifieke verwachtingen van arbeidsre-integratie, vaak uitgesloten van de ondersteuning die ze nodig hebben. De analyse in dit proefschrift laat zien hoe een smalle interpretatie van empowerment als activeringsstrategie, paradoxaal genoeg de empowerment belemmert van cliënten die niet aan de bijbehorende verwachtingen voldoen.

Beoordelen van motivatie

In de re-integratiewereld wordt verondersteld dat cliëntmotivatie van groot belang is voor het slagen van het arbeidsre-integratietraject. Cliëntmotivatie wordt in deze context geassocieerd met de bereidheid om te veranderen, met iets willen en met inzet tonen om dat te bereiken. Motivatie krijgt op deze manier primair een psychologische duiding. Om te begrijpen hoe motivatie vorm krijgt in arbeidsre-integratiepraktijken, wordt in dit proefschrift motivatie begrepen als de uitkomst van de interactie tussen cliënten en professionals binnen een institutionele context. De analyse laat zien dat motivatie een *oordeel* is dat bijna onvermijdelijk ontstaat gedurende het re-integratietraject. Er zijn twee specifieke werkwijzen onderscheiden waarbinnen dit oordeel op verschillende manieren vorm krijgt, namelijk 'De Professional als Wegwijzer' en 'De Professional als Persoonlijke Gids'.

Binnen de werkwijze 'de Professional als Wegwijzer' heeft een professional duidelijke verwachtingen van de initiatieven en de inzet van een cliënt en een cliënt wordt geacht zich naar deze verwachtingen te voegen. Tegelijkertijd ervaart de professional zelf een sterke institutionele en organisationele druk om het re-integratietraject te doen slagen. Om in de gevallen dat het traject moeizaam verloopt toch niet meteen te hoeven concluderen dat een cliënt niet aan de verwachtingen voldoet, benoemt de professional tussendoelen die dan wel behaald moeten worden. Op deze manier wordt het eindoordeel nog even uitgesteld. Maar uiteindelijk bepaalt het eindresultaat – al

dan niet gere-integreerd op de arbeidsmarkt - of het traject succesvol was. Op het moment dat een cliënt de verwachtingen niet waar gemaakt heeft en de institutionele doelen niet bereikt zijn, kan de professional in de logica van deze werkwijze niet anders dan dit falen toeschrijven aan die cliënt. De professional heeft zijn/haar best gedaan, maar helaas verhinderde gebrek aan motivatie van de cliënt dat dit werk tot gewenst resultaat leidde.

Binnen de werkwijze 'de Professional als Persoonlijke Gids' richt een professional zich primair op de persoonlijke ontwikkeling van de cliënt en neemt de cliënt als uitgangspunt bij het vormgeven van doelen en verwachtingen voor het re-integratietraject. Door niet het institutionele doel van arbeidsre-integratie als uitgangspunt van het traject te nemen, stellen deze professionals het institutionele verantwoordingskader ter discussie. Dit geeft hen de ruimte om niet de cliënt af te rekenen op een mogelijk negatief resultaat. Hierdoor kan een traject als 'succesvol' worden gedefinieerd onafhankelijk van het feit of de cliënt uiteindelijk al dan niet duurzaam aan het werk is.

Beide professionele werkwijzen hebben zich ontwikkeld in de institutionele context van arbeidsre-integratie in Nederland, waarbinnen het specifieke publieke verantwoordingskader - met zijn focus op effectiviteit, resultaatverplichtingen en financiële verantwoording - een belangrijke rol speelt. Het al dan niet bereiken van het doel van de re-integratie bepaalt of de trajecten het geld waard zijn. Dit houdt in dat een traject uiteindelijk ofwel geslaagd ofwel mislukt is. Er zijn geen andere opties mogelijk.

De sociologische analyse van motivatie in re-integratietrajecten illustreert hoe door de eenzijdige waardering van het eindresultaat van (betaald) werk, de mogelijkheden en verworvenheden van cliënten en professionals onzichtbaar worden gemaakt. Het expliciet benoemen en waarderen van het werk dat er door cliënten en professionals verzet wordt tijdens re-integratietrajecten, biedt aanknopingspunten om aan deze paradox te ontkomen.

Inschatten van mogelijkheden

In het arbeidsmarktactiveringsbeleid zijn het niet langer 'beperkingen' maar 'mogelijkheden' die centraal staan. In dit proefschrift is onderzocht wat deze beleidsverandering betekent in de praktijk. Uit analyse van verhalen van cliënten en professionals komt ten eerste naar voren dat in arbeidsre-integratietrajecten mogelijkheden vooral cognitief benaderd worden: de verwachting is dat iemands mogelijkheden op de arbeidsmarkt toe nemen door te verkennen hoe deze persoon denkt over werkhervatting. Deze benadering nodigt niet uit tot het ontwikkelen van nieuwe perspectieven op werk en houdt geen rekening met doorleefde ervaringen van on/mogelijkheden. Ten tweede is de aanname sterk aanwezig dat cliënten uiteindelijk een stabiele gezondheidssituatie bereiken die de basis vormt voor werkhervatting. Verhalen van cliënten laten zien dat deze stabiliteit vaak niet realistisch is. Hun ervaringen tonen dat werkhervatting met on/mogelijkheden betekent dat je voortdurend met de onzekerheden moet omgaan die arbeidsbeperkingen met zich mee kunnen brengen. In de praktische logica van ar-

beidsre-integratie worden deze onzekerheden vooral als een obstakel voor werkhervatting gezien. Ten derde worden in arbeidsre-integratietrajecten cliënten actief *geframed* als werknemers met mogelijkheden. Cliënten ervaren de druk om hun beperkingen zoveel mogelijk te verbergen en alleen hun mogelijkheden te tonen.

Deze analyse laat zien dat 'nieuwe' activeringspraktijken voor een groot deel de 'oude' logica van traditionele welvaartsstaten weerspiegelen. De relevante vraag wat het betekent om met on/mogelijkheden aan het werk te gaan wordt in deze logica niet gesteld. Een eenzijdige focus op mogelijkheden geeft geen concrete handvatten om het werk te hervatten met arbeidsbeperkingen en laat cliënten, professionals en werkgevers met lege handen staan.

Concluderend

In de hedendaagse Nederlandse verzorgingsstaat blijft het 'activeringsparadigma' dominant in de ontwikkeling van nieuwe beleid en regelgeving. De analyses van verhalen van cliënten en professionals over arbeidsmarktactivering laten zien hoe activeringsbeleid onbedoeld het tegendeel kan bewerkstelligen. Het is daarom van belang om activeringspraktijken te blijven bestuderen: analyses van praktijken maken niet alleen onbedoelde gevolgen zichtbaar, maar geven ook handreikingen om praktijken te verbeteren.

Dankwoord

Het boek is af. Veel mensen hebben op hun eigen wijze hieraan bijgedragen. Een woord van dank is op zijn plaats.

Geen boek zonder verhalen. Als eerste wil ik dan ook de mensen bedanken die hebben meegewerkt aan dit onderzoek door mij in een vaak turbulente levensperiode bij hen thuis te ontvangen en mij al vertellend deelgenoot hebben gemaakt van hun levens. Dank voor jullie vertrouwen en openheid! Ook de professionals die een kijkje in hun praktijken hebben willen geven ben ik zeer erkentelijk.

Agnes Meershoek, zaten mijn respondenten in een turbulente levensfase, voor mij gold hetzelfde. Dank voor hoe je mijn identiteitswerk ondersteund hebt! Jouw analytische scherpte, associatieve vermogen en tekstvaardigheid hebben mij als kwalitatief onderzoeker doen groeien. Door jou heb ik bovendien geleerd dat schrijven met 'horten en stoten' komt en een kwestie vertrouwen is.

Klasien Horstman, als promotor ben je op een later moment betrokken geraakt. Je bent op deze rijdende trein gesprongen en we hebben de rit zonder ontsporingen vervolgd. Al rijdend is de rails wat verlegd en zijn nieuwe horizonten verkend. Je hebt er voor gewaakt dat omwegen en herhalingen zoveel mogelijk beperkt bleven. Toen ik na mijn zwangerschapsverlof niet meteen mijn draai kon vinden, heeft het me geholpen dat je benoemde dat ik mezelf weer opnieuw moest uitvinden als werkende moeder. Dank daarvoor!

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dien niet zo zichtbaar is… Maar zie hier, een tastbaar boek als resultaat. Nu komt er wat rust in huis en meer tijd samen. Ik kijk er naar uit!

Mijn zingende en pientere Ljuba, door jou ben ik moeder geworden. Heerlijk wat jij in mijn leven brengt! Met jou is het leven goed!

About the author

Lineke van Hal was born on April 10th 1981 in Nijmegen. She studied cultural anthropology at the Radboud University Nijmegen (BSc degree in 2004, cum laude) and medical anthropology and sociology at the University of Amsterdam (Msc degree in 2005, cum laude). Her master thesis focussed on life stories of people living with Diabetes type 2 in a disadvantaged area in the Netherlands and resulted in a publication in a specialist journal.

After gaining experience in project development in Bolivia (AIESEC internship at 'Doctores de la Alegría' in Cochabamba), in 2007 she started as a junior researcher at Maastricht University (current department of Social Medicine) to conduct a mixed method study on vocational rehabilitation of people with disabilities. This project was funded by the UWV (Dutch Social Insurance Institute) and was completed with a research report in 2009.

In 2009 Lineke was awarded a Kootstra Talent Fellowship at the same university in order to start a PhD-project based on the (life) stories she collected during the aforementioned mixed method study. In 2010 she joined the department of Health, Ethics & Society as a PhD student. Her PhD-project led to several publications in international peer reviewed journals. In 2012 she was selected by ZonMw (The Netherlands Organisation for Health Research and Development) to write an essay about her work, contributing to a book on Disability Studies.

Besides doing research, from 2007 to 2012 Lineke worked as a tutor, trainer, lecturer and thesis supervisor in the bachelor and master programmes of Health Sciences and the international master of Global Health. In 2009 she co-founded Protok Foundation, aiming at improving the societal position of marginalised groups in Serbia as well as stimulating the transfer of knowledge between Dutch and Serbian professionals regarding care, welfare and participation. Since 2012 Lineke has been working as a project leader at Zorgbelang Gelderland, focussing on client participation in health and welfare issues.

Lineke is married to Darko Cvetic and became mother of Ljuba Clara in 2011.